APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER/TOWN CLERK, Town of Clinton
I hereby apply to inspect the following record(s): Be as specific as possible.

_____ Signature of Applicant

_____ Date

Applicant - Print Name: _____

Applicant's Mailing Address/Phone: (____) _____ - _____

_____ _____ Zip: _____

APPROVED BY: _____

DENIED (for reason(s) checked below:)

- ☐ Confidential Disclosure
- ☐ Unwarranted Invasion of Personal Privacy
- ☐ Record of which this agency is legal custodian cannot be found
- ☐ Exempted by statute other than the Freedom of Information Act
- ☐ Other
- ☐ Part of investigatory files

_____ Signature

_____ Title

_____ Date

Send or bring to: Town Clerk, Town of Clinton
PO Box 208
Clinton Corners, NY 12514