

**TOWN OF EAST GREENBUSH
REQUEST FOR PUBLIC RECORDS**

NAME: _____ DAY PHONE#: _____

ADDRESS: _____ DATE: _____

Please be specific in your request, providing as much information as you have including dates, names, locations & incident report numbers if known.

RECORD REQUESTED: _____

REPLY: <input type="checkbox"/> REQUESTED RECORD/S ATTACHED <input type="checkbox"/> UNABLE TO LOCATE RECORD/S	
FOIL Reply handled by: _____	DATE: _____

DENIAL OF ACCESS: *I hereby certify that access has been denied to the applicant for reason(s) checked below:*

- | | |
|-------------------------------------|--|
| _____ exempted by other statute | _____ confidential disclosure |
| _____ part of an investigatory file | _____ unwarranted invasion of personal privacy |
| _____ Other: _____ | |

Signature: _____ Title: _____ Date: _____

ADDRESS APPEALS TO: East Greenbush Town Attorney, 225 Columbia Tpk, Rensselaer, NY 12144

COST OF COPIES: Remit to: *Town Clerk's Office*, 225 Columbia Turnpike, Rensselaer, NY 12144

_____ pages @ \$0.25 per page, plus _____ postage = Total Cost for copies \$ _____

Payment Received by: _____ Date: _____

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