## TOWN OF STONY POINT 74 EAST MAIN STREET STONY POINT, NY 10980 845-786-2716 X-108

## APPLICATION FOR PUBLIC ACCESS TO RECORDS

| Date:  |  |
|--|--|
| To: Joan Skinner, Records Access Officer I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.) |  |
|  |  |
|  |  |
|  |  |
| Number of copies requ  | ments first and then ask for copies of the ones you actually want. nested: (\$.25 per copy)  |
| Signature:   |  |
| Printed Name:  |  |
| Address:   |  |
| City/State/Zip:  |  |
| Daytime Phone:   |  |
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| APPROVED   |  |
| Date   | Time   |
| Photocopies: Number  | Charge   |
| Unwarrante Would impa Trade seco Law enforce Would enda Interagence Record is  | by statute other than Freedom of Information and invasion of personal privacy air contract awards or collective bargaining agreements set; confidential commercial information sement records anger the life or safety of any person by or intra-agency materials not maintained by this agency which this agency is legal custodian cannot be found |
|  | cess to records may appeal the denial within 30 days of the denial.  De addressed to the Supervisor of the Town of Stony Point, 74 East  Doint, NY 10980.  |

DATE

RECEIVED BY \_\_\_\_\_