TOWN OF STONY POINT 74 EAST MAIN STREET STONY POINT, NY 10980 845-786-2716 X-107

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date:	_
To: Megan Carey, Records Access Officer I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.)	
	ts first and then ask for copies of the ones you actually want. ted: (\$.25 per copy)
Signature:	
Printed Name:	
Address:	
City/State/Zip:	
Daytime Phone: E-Mail Address:	
	FOR AGENCY USE ONLY
APPROVED	
Date	Time
Photocopies: Number	Charge
Unwarranted Would impair Trade secret Law enforcem Would endang Interagency Record is no	statute other than Freedom of Information invasion of personal privacy contract awards or collective bargaining agreements c; confidential commercial information ent records er the life or safety of any person or intra-agency materials of maintained by this agency cich this agency is legal custodian cannot be found
	s to records may appeal the denial within 30 days of the denial. addressed to the Supervisor of the Town of Stony Point, 74 East

DATE

RECEIVED BY _____