

TOWN OF CARROLLTON
APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: TOWN OF CARROLLTON
640 MAIN STREET SUITE 1
LIMESTONE, NY 14753

For Agency Use Only
Record #. _____

I hereby apply to access the following record:

_____ I hereby request to inspect the record.
_____ I hereby request a copy of the record, for which I agree to pay \$.25 per page.

_____ Name	_____ Signature
_____ Representing	_____ Date
_____ Mailing Address	

For Agency Use Only

_____ Approved. Record consists of _____ pages. Please call _____ at _____ to schedule an appointment to inspect the records. A copy will be available upon receipt of \$_____. If you wish a copy to be mailed to you, please include an additional \$_____ for postage.

_____ Denied.
_____ Record of which this agency is legal custodian cannot be found.
_____ Record is not maintained by this agency.
_____ Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____)
_____ Explanation: _____

_____ Records Access Officer	_____ Date
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NOTICE: You have a right to appeal a denial of this application to the Appeals Officer, who must fully explain the reasons for such denial in writing within seven (7) days of receipt of an appeal. If you wish to appeal, please submit your appeal to:

TOWN OF CARROLLTON
640 MAIN STREET SUITE 1
LIMESTONE, NY 14753

I hereby appeal:

_____ Signature	_____ Date
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