

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer
Town of Easton
1071 State Route 40
Greenwich, NY 12834-9518

I hereby apply to inspect the following record(s)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

FROM: _____ Date _____
 _____ Signature _____
 _____ Representing _____
 _____ Mailing Address _____

FOR OFFICIAL USE ONLY

APPROVED _____
 DENIED _____
 Reason for Denial _____
 Record not maintained by Town of Easton _____
 Record cannot be found _____
 _____ Signature _____ Title _____ Date _____

NOTICE: This office has five business days to process this request.
 In the event of a denial the applicant has the right to appeal to the Supervisor of the Town of Easton who must fully explain reason for denial in writing within seven days of receipt of an Appeal.

I HEREBY APPEAL:
 _____ Signature _____ Date _____