

REQUESTING ACCESS TO RECORDS

**To: Records Access Officer
Town of Esopus
174 Broadway
Port Ewen, New York 12466**

Date: _____

From: _____

I hereby request records or portions thereof pertaining to:

(Please be as specific as possible with subject matter and dates)

(Signature)

Mailing Address

Telephone #

FOR AGENCY USE ONLY

_____	APPROVED
DENIED	FOR THE REASON(S) CHECKED BELOW
_____	CONFIDENTIAL DISCLOSURE
_____	UNWARRANTED INVASION OF PERSONAL PRIVACY
_____	RECORD OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
_____	RECORD IS NOT MAINTAINED BY THIS AGENCY
_____	EXEMPTED BY STATUE OTHER THAN THE FREEDOM OF INFORMATION ACT
_____	OTHER _____

Signature

Title

Date