

REQUESTING ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER **DATE:** _____
TOWN OF ESOPUS
1 Town Hall Way
Ulster Park NY 12487
845 331 3709 **FAX 845 338 5598**

FROM: _____

_____ **Email:** _____

I HEREBY REQUEST RECORDS OR PORTIONS THEREOF PERTAINING TO:

(PLEASE BE AS SPECIFIC AS POSSIBLE WITH SUBJECT MATTER AND DATES)

SIGNATURE

MAILING ADDRESS

TELEPHONE #

Email

FOR AGENCY USE ONLY

_____ **APPROVED** Due Date _____ Completed _____

DENIED FOR THE REASON(S) CHECKED BELOW

_____ CONFIDENTIAL DISCLOSURE

_____ UNWARRANTED INVASION OF PERSONAL PRIVACY

_____ RECORDS 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