

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
TOWN OF MARLBOROUGH
P.O. Box 305
21 Milton Turnpike
Suite 200
Milton, NY 12547

Phone: (845) 795-5100 x.4

Fax: (845) 795-2031

Email: dcherubini@marlboroughny.us

I, _____ hereby apply to inspect the following records:
(Print Name)

Signature _____ Date _____

Mailing Address _____

Telephone# _____

Representing _____

FOR AGENCY USE ONLY

Approved _____ Denied _____

Charge Per page for copies \$ _____ Total \$ _____

Record is exempt or matter contained in it is not required to be disclosed _____

Record of which this agency is legal custodian cannot be found _____

Record is not maintained by this agency _____

Signature

Title

Date