

## **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)

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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 \_\_\_\_\_