

Application for Public Access to Records (FOIL)

TO: Katie Kalluche, Town Clerk
Records Management Officer
151 Banker Rd
Plattsburgh, NY 12901

DATE: _____

I hearby apply to:

Inspect _____ OR Copies _____

By email: _____

By paper (.25 each): _____

MAPS: \$5.00 each

Of the following records:

Name

Signature

Representing

Phone #

Email address

Mailing address

For CLERK use ONLY:

CLERK STAMP RCVD HERE

Approved _____ Denied _____

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

Record is not maintained by this agency _____

Date of acknowledgement of receipt _____

Date upon which all records must be available in office (20th business day) _____

Signature

Title

Date

FOR AGENCY USE ONLY:

Department: Supervisor _____ Accounting _____ Assessing _____ Tax Receiver _____ Codes & Zoning _____ Planning _____
Parks & Recreation _____; Buildings & Grounds _____; Court _____; Highway _____; LDC _____; Water/Waste Water _____

NOTICE: You have the right to appeal a denial of this application to the head of this agency;
Michael S Cashman, Supervisor 151 Banker Rd, Plattsburgh NY 12901. The Supervisor must fully
explain his reason for such denial in writing within seven days of receipt of an appeal.

I hereby appeal: _____ Date: _____

(Signature)