TOWN OF WARWICK

FOIL # _____ DUE DATE _____



Melissa Stevens, Deputy Town Clerk Carolyn Purta, Deputy Town Clerk

EILEEN ASTORINO TOWN CLERK/REGISTRAR 132 Kings Highway Warwick, New York 10990 Tel: (845) 986-1124, ext. 248

Fax: (845) 987-1499

APPLICATION FOR PUBLIC ACCESS TO RECORDS

DATE RECEIVED:	TIME:
described shall be made w in excess of 9" x 14" may I wish to inspect the follo clearly as possible below:	n 89.3 of the Freedom of Information Law, response to a written request for a record reasonably ithin five (5) business days of receipt. All research must be conducted on the premises. Records n be photocopied for a fee of \$.25 per copy. wing records (s): INCLUDING ADDRESS, Please Identify the records you are interested in the conducted of the premises.
You may inspect documen Number of copies reques	ats first and then ask for copies of the ones you actually want. ted: (\$.25 per copy)
Signature:	
Printed Name:	
Address:	
City/State/Zip:	
Daytime Phone:	
Email Address:	
=========	
	FOR AGENCY USE ONLY
Date Completed:	Initials:
Photocopies: Number	Charge:
DENIED (for the reason (s	s) checked below)
	e other than Freedom of Information
Unwarranted invas	sion of personal privacy
Would impair cont	tract awards or collective bargaining agreements
Trade secret: confi	dential commercial information
Law enforcement r	records
Would endanger th	ne life or safety of any person
Interagency or intra	a-agency materials
	tained by this agency
Record of which the Other (specify)	nis agency is legal custodian cannot be found
he Supervisor of the Town	to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to of Warwick, 132 Kings Highway, Warwick, NY 10990.
You may email your con	npleted form to the Town Clerk at clerk@townofwarwick.org or fax it to (845) 987-1499
RECEIVED BY:	DATE:
The state of the s	DATE;