



Office of the Town Clerk

336 Town Office Road, Troy, NY 12180
(518) 279-3461 X 103,104; FAX (518) 279-3462

Alicia Saunders, Town Clerk
Vinny DamaPoletto, Deputy Town Clerk

REQUEST FOR PUBLIC RECORDS

Date Requested: _____

NAME: _____ Phone: _____

ADDRESS: _____ Email: _____

Please be specific in your request, providing as much information as you have including dates, names, locations, and incident report numbers if known.

RECORDS REQUESTED:

Signature: _____ Date: _____

Reply: <input type="checkbox"/> Requested record(s) attached <input type="checkbox"/> Unable to locate record(s) FOIL went through the following department(s): _____ _____ Signature of Employee(s) fulfilled request: _____ Date: _____	<i>Office use only</i>
--	------------------------

Denial of Access: I hereby certify that access has been denied to the above-named applicant for reasons noted below:

Exempted by other statute Confidential disclosure
 Part of an investigatory file Unwarranted invasion of personal property
 Other: _____

ADDRESS APPEALS TO: Town Attorney, 336 Town Office Rd., Troy, NY 12180
You have thirty (30) days from receipt of a denial of access to records or portions hereof to appeal

Cost of Copies:

No. Pages _____ X \$.25/page = \$ _____
Other publication fees: \$ _____ Total Amt. Paid: \$ _____ Card / Cash / Check (circle one)
Payment received by: _____

Signature: _____ Title: _____ Date: _____

Information provided on: _____