

# VILLAGE OF ALTAMONT

115 Main Street PO Box 643 Altamont, New York 12009  
Phone (518) 861-8554 Fax (518) 861-5379

## REQUEST FOR ACCESS TO PUBLIC RECORDS

1. **Application Date:** \_\_\_\_\_

2. **Requester:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Town or Village, State, Zip Code)

3. (\_\_\_\_\_) \_\_\_\_\_  
(Daytime telephone #)

4. (\_\_\_\_\_) \_\_\_\_\_  
(Alternate telephone #)

5. \_\_\_\_\_  
(Company, Organization Name)

6. **Record(s) Requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate dates which requested records cover:

\_\_\_\_\_

A copy of accessible records will be furnished at a cost of 25 cents per page. The fee must be paid before any copies are prepared. Up to ten copied pages can be provided at the time of viewing. If you require more than ten copied pages, you may pick them up during regular office business hours or have the material mailed to you.

### FOR VILLAGE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

APPROVED: \_\_\_\_\_ No. of copies made: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Ck # \_\_\_\_\_

DENIED: \_\_\_\_\_