TOWN OF SHANDAKEN

P.O. Box 67 | 7209 State Route 28 | Shandaken, NY 12480
www.shandaken.gov townclerk@shandaken.gov

Supervisor: (845) 688-7165
Police: (845) 688-9902
Town Clerk: (845) 688-5004
Justice Court: (845) 688-5005
Assessor: (845) 688-5003
ZBA/ZEO/Planning: (845) 688-5008
Highway: (845) 688-9901
Fax: (845) 688-2041

APPLICATION FOR ACCESS TO RECORDS

Under the New York Freedom of Information Law (FOIL), Article 6 of the Public Officers Law, I request access to the following record(s):

_____

_____

_____

_____

Within five business days, the Town will grant, deny, or acknowledge the request as provided by Public Officers Law §89(3)(a).
[ ] Please inform me of any fees before filling this request. [ ] Supply the records without notice if fees do not exceed $ _____

REQUESTER INFORMATION

PRINT NAME _____ **PHONE** _____

MAILING ADDRESS _____

EMAIL _____

SIGNATURE _____ **DATE** _____

REPRESENTING _____

DENIAL OF ACCESS

Access to all or part of the requested record(s) is denied for the following reason(s):

_____

_____

DEPARTMENT _____ **TITLE** _____ **DATE** _____

SIGNATURE _____

See Right to Appeal below.

SEARCH CERTIFICATION

I certify that a diligent search has been conducted for the records requested and that (check one):

[ ] The requested record(s) have been provided.
[ ] The Town/Department does not possess the requested record(s).
[ ] The requested record(s) cannot be found after a diligent search.

DEPARTMENT _____

TITLE _____ **DATE** _____

SIGNATURE _____

COPY FEES / PAYMENT

Copies @ $0.25/page _____ **No. pages** _____ **Total cost** _____

Payment received by _____ **Title** _____ **Date** _____

RIGHT TO APPEAL

If access to a record is denied, the applicant may appeal in writing within 30 days to the Town Supervisor, Town of Shandaken, P.O. Box 67, Shandaken, NY 12480 | supervisor@shandaken.gov