

Town of White Creek

28 Mountainview Drive

Cambridge NY 12816

518-677-8545

APPLICATION FOR ACCESS TO PUBLIC RECORDS

TO: Records Management Officer

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

Please specify title of document, description and date of record

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

TO: Applicant

This is to inform you that your request for information received on _____ has been

() Granted: Information will be available on _____ Fee (\$.25/page): _____

() No Record

() Denied for the following reason(s):

If your request has been denied, you have the right to appeal in writing to the Jackson Town Board within 30 days of the denial.

Records Management Officer

Date