

**TOWN OF NEVERSINK
PO BOX 307, 273 MAIN STREET
GRAHAMSVILLE, NY 12740
(845) 985-2262 – FAX 845-985-7686**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Staci Conjura, Records Officer

I wish to inspect the following record(s): (Identify records you are interested in as clearly as possible.)

You may inspect documents first and then ask for copies of the ones you actually want.

Number of Copies requested: (\$.25 per copy) _____

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

=====

FOR AGENCY USE ONLY

APPROVED

Date _____ Time _____

Photocopies: Number _____ Charge _____

DENIED (for the reason(s) checked below

_____ Exempted by statute other than Freedom of Information

_____ Unwarranted invasion of personal privacy

_____ Record is not maintained by this agency

_____ Other (specify) _____

Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Neversink, PO Box 307, Grahamsville, NY 12740