



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  
[www.shandaken.us](http://www.shandaken.us)

Shandaken Town Clerk, P.O. Box 67, 7209 Rte. 28, Shandaken, NY 12480

## APPLICATION FOR ACCESS TO RECORDS

Under the provisions of the New York Freedom of Information Law (FOIL), Article 6 of the Public Officers Law, that requires requests for access to records be responded to within 5 business days. I hereby request records or portions thereof pertaining to:

\_\_\_\_\_  
\_\_\_\_\_

After inspection, should I desire copies of all or part of the records inspected, I will identify the records to be copied and hereby agree to pay the established fees as specified below (*check one*):

Please inform me of any fees before filing this request.

Please supply the records without informing me if the fees are not in excess of \$ \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

REPRESENTING \_\_\_\_\_

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DENIAL OF ACCESS: I hereby certify that access to the records above marked with an asterisk has been denied to the applicant for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ \*\* Right to appeal information on bottom of form\*\*

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**SEARCH CERTIFICATION:** I certify that a diligent search has been conducted for the records requested for inspection by the applicant and that: (Circle One)

The records have been provided.  
The records requested do not exist.

The Town of Shandaken is not the custodian of these records & cannot be found.

DEPARTMENT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

COST OF COPIES: .25 cents per page Number of pages \_\_\_\_\_ Total cost \_\_\_\_\_

Payment received by \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**RIGHT TO APPEAL:** If applicant was denied access to a record they may appeal in writing within 30 days to:

**Town of Shandaken Attn: Supervisor PO Box 67 Shandaken, NY 12480**