

TOWN OF GUILFORD
223 MARBLE ROAD
GUILFORD, NY 13780

REQUEST FOR ACCESS TO PUBLIC RECORDS

PLEASE PRINT

Name: _____

Address: _____

Telephone Number: _____

Does applicant apply on own behalf? Yes _____ No _____

If No, please insert the name and address of the person or organization on whose behalf the applicant is acting:

Name: _____

Address: _____

Telephone Number: _____

.....
Please list the records, determinations, minutes, rules or other documents you wish to examine or have copied. (photocopy charge is \$.25 per page)

Item	Date Filed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Note: The Agency has 5 business days to comply with or reject this request.

Date: _____

(Applicant Signature)

Applicant's Name (print or type)