

**APPLICATION FOR ACCESS TO RECORDS**

To: Records Access Officer  
Town of Poestenkill  
P.O. Box 210  
Poestenkill, NY, 12140

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

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Zip Code

**PLEASE TAKE NOTICE**

You have the right to appeal a denial of this application to the RECORDS APPEALS OFFICER. An appeal must be made WITHIN 30 days from the date of receipt of the denial and the Appeals Officer must fully explain the reason(s) for such denial in writing WITHIN 10 days of receipt of an appeal.

Please mail appeals to:

RECORDS APPEALS OFFICER  
P.O. Box 210  
Poestenkill, NY, 12140

(For Agency Use Only)

Date Received: \_\_\_\_\_

Approved

Denied

IF DENIED, reason(s) checked below:

- |  |  |
|--|--|
| <input type="checkbox"/> exempted by state/federal statute   | <input type="checkbox"/> pending contract bargaining negotiation |
| <input type="checkbox"/> unwarranted invasion of privacy   | <input type="checkbox"/> registered trademark/trade secret       |
| <input type="checkbox"/> record(s) part of an investigation  | <input type="checkbox"/> endangerment to life or safety          |
| <input type="checkbox"/> interagency transmittal/ not policy oriented                                    | <input type="checkbox"/> part to test question/answers           |
| <input type="checkbox"/> computer access code(s)   | <input type="checkbox"/> record not maintained by this unit      |
| <input type="checkbox"/> record of which this unit is the legal custodian cannot be found/does not exist |  |
| <input type="checkbox"/> other (specify _____)   |  |

Date Provided: \_\_\_\_\_ Via: \_\_\_\_\_ Cost: \_\_\_\_\_ #Pages: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date