

TOWN OF ULSTER
1 Town Hall Drive
Lake Katrine, NY 12449
Phone: (845) 382-2455 **Fax:** (845) 336-0082 **Email:** townclerk@townofulster.ny.gov

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

PROPER SERVICE OF THIS FORM: DELIVER THIS FORM AND ANY ACCOMPANYING FORMS TO THE CONTACT LISTED ABOVE TO: Suzanne Reavy, Records Access Officer

I wish to inspect the following record(s):

- Identify records you are interested in as specific and clearly as possible
- Identify the address and/or S-B-L of the property.

Reason for documents: _____

The department your FOIL pertains to may allow you to inspect the documents in person.

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

Signature: _____

Printed Name: _____

YOUR ADDRESS: _____

YOUR City/State/Zip: _____

Daytime Phone: _____

Email: _____

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FOR AGENCY USE ONLY

APPROVED: Date: _____ Number of Copies: _____ Charge: _____

DENIED (for the reason(s) checked below)

- _____ Exempted by statute other than Freedom of Information
- _____ Unwarranted invasion of personal privacy
- _____ Would impair contract awards or collective bargaining agreements
- _____ Trade secret; confidential commercial information
- _____ Law enforcement records
- _____ Would endanger the life or safety of any person
- _____ Interagency or intra-agency materials
- _____ Record is not maintained by this agency
- _____ Record of which this agency is legal custodian cannot be found Other (specify)
- _____ 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 Ulster, 1 Town Hall Drive, Lake Katrine, NY 12449