



**Office of the Town Clerk**

336 Town Office Road, Troy, NY 12180  
(518) 279-3461 X 103,104; FAX (518) 279-3462

Rebecca Del Gaizo, Town Clerk  
Cheryl Roberts, Deputy Town Clerk

## REQUEST FOR PUBLIC RECORDS

Date Requested: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

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

**Denial of Access:**

I hereby certify that access has been denied to the above named applicant for reasons noted below:

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

**Search Certification:**

I hereby certify that a proper search has been conducted for the records requested for inspection by the applicant and that they cannot be found.

**Correctness Certification:**

I hereby certify that the copies attached are true and correct copies of the records requested by the applicant.

**Cost of Copies:**

No. Pages \_\_\_\_\_ X \$.25/page = \$\_\_\_\_\_.

Other publication fees: \$\_\_\_\_\_. Total Amt. Paid: \$\_\_\_\_\_. Cash / Check (*circle one*)

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Material Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant contacted on \_\_\_\_\_

IFM10-03SQS