



Office of the Town Clerk

336 Town Office Road, Troy, NY 12180
(518) 279-3461 X 103,104; FAX (518) 279-4352

William J. Lewis, Town Clerk
Rebecca Del Gaizo, 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