Town of Montgomery
Tara Stickles, Town Clerk
110 Bracken Road
Montgomery, NY 12549
845.457.2660, Fax: 845.457.2613

Request for Access to Public Records

Freedom of Information Law (Section 89 – Public Officers Law)

Applicant's Name _____ Phone: _____
Applicant's Address _____ Email: _____
Is Applicant applying on his/her own behalf? ____ Yes ____ No
If NO, Organization/Principal's Name _____Phone: _____
Organization/Principal's Address _____

Please list *specific* RECORDS which you wish to examine or have copied. Please be aware that New York State Freedom of Information Law allows a municipality up to five (5) business days to respond to a request for records. Some responses, due to their volume or depth of research, will take longer than the five days of allotted time. If this is the case regarding your request, this office will notify you in writing.

RECORD	Approximate DATE OF DOCUMENT	Pick-up/Mailed Date & Initials
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

****THESE DOCUMENTS WILL NOT BE USED FOR COMMERCIAL, FUNDRAISING PURPOSES, OR SOLICITATION** (Section 89(2)(b)(iii)).**

_____ _____
Applicant's Signature **Date signed**

Clerk's Date Stamp: Copy sent to Town Department(s) of: Date Document Returned: Documents Reviewed By:

_____ _____ _____
_____ _____ # of pages _____
_____ _____ Copy/Postage fee $_____
_____ _____ Receipt # _____

Notice to Applicant: You have the right to appeal a denial of this application by returning this form within 30 days to the Montgomery Town Board, 110 Bracken Road, Montgomery, NY. You must be provided with a response to your appeal within ten 10 business days.

FOR AGENCY USE

DATE RECEIVED: _____

_____ _____ _____
SIGNATURE TITLE DATE