

"Please fill out the following form. You can print and save data typed into this form.
Attach the saved form to an email to townclerk@greenburghny.com."

TOWN OF GREENBURGH, TOWN CLERK'S OFFICE

177 Hillside Avenue, Greenburgh, NY 10607

Tel: (914) 993-1500 Fax: (914) 993-1626 Email: townclerk@greenburghny.com

APPLICATION FOR FREEDOM OF INFORMATION REQUEST

To: Judith A. Beville, Town Clerk & Records Access Officer Date: _____

From: Name (Print) _____ Day Phone: _____

Your Mailing Address: _____
(Street Address) (City/Town/Village) (State) (Zip)

Representing: _____ From Dept.: _____
(Self, Company, Other)

Email Address: _____ Fax No.: _____

Please note there will be a charge for copying, if required, as well as a charge for electronic access, if applicable.

I hereby request copies, electronic copies (if available), to inspect the following record(s) from the _____

Name of Department

Please specify the record(s) requested. Specify reason for request (optional):

THIS SECTION FOR AGENCY USE ONLY

This application has been:

APPROVED

- The record(s) you requested will be available for pickup or by US Mail upon your remittance of the required duplication fee of \$ _____
Please call (914) 993-1500 Ext. 5 to make arrangements.
- Attached are electronic copies of the records you requested.
- There will be a delay in fulfilling your request. Anticipated date of completion _____

DENIED

Denied for the following reason(s):

- Confidential Disclosure
- Unwarranted disclosure of personal privacy
- Record of which this agency is the legal custodian of, cannot be found
- Record is not maintained by this agency
- Exempted by statute other than the Freedom of Information Act
- Other (explain) _____

NAME TITLE DATE

TO THE APPLICANT: You have the right to appeal a denial of this application to the Town Board. Should you decide to appeal, you must do so within thirty (30) days of the denial. To apply open government, you are invited to submit a statement with your appeal explaining why you feel that the decision should be overturned. You may also attach supporting documentation. Please address your statement to the Town Board and submit it to the Office of the Town Clerk.

I HEREBY APPEAL _____ Date _____