

REQUESTING ACCESS TO RECORDS

TO: RECORDS MANAGEMENT OFFICER
TOWN OF OLIVE
45 Watson Hollow Rd.
West Shokan, NY 12494
(845)657-8118 x4 Fax: (845)657-2016

DATE: _____

FROM: _____

Email: _____

I HEREBY REQUEST RECORDS OR PORTIONS THEREOF PERTAINING TO:

(PLEASE BE AS SPECIFIC AS POSSIBLE WITH THE SUBJECT MATTER AND DATES)

SIGNATURE

MAILING ADDRESS

TELEPHONE #

EMAIL

FOR AGENCY USE ONLY

APPROVED Due Date _____ Completed _____

DENIED FOR REASON(S) CHECKED BELOW

- _____ CONFIDENTIAL DISCLOSURE
- _____ UNWARRANTED INVASION OF PERSONAL PRIVACY
- _____ RECORDS OF WHICH THIS AGENCY IS LEGAL CUSTODIAN CANNOT BE FOUND
- _____ RECORD IS NOT MAINTAINED BY THIS AGENCY
- _____ EXEMPTED BY STATUTE OTHER THAN FREEDOM OF INFORMATION ACT
- _____ OTHER

SIGNATURE

TITLE

DATE