

**TOWN OF CHAZY
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To: Heather Giuliano
Records Management Officer
Town of Chazy
P.O. Box 219
Chazy, NY 12921

_____ Date

I HEREBY APPLY TO _____ INSPECT
_____ HAVE COPIES OF (\$0.25 EACH)

THE FOLLOWING RECORDS:

_____ Name _____ Signature

_____ Representing _____ Phone #

_____ Address

FOR AGENCY USE ONLY

APPROVED _____ **DENIED** _____

Record of which this agency is Legal Custodian cannot be found _____
Records is not maintained by this Agency _____

_____ Signature _____ Title _____ Date

NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY.

William Arthur, Supervisor 9631 State Route 9, PO Box 219, Chazy, NY 12921
who must fully explain his reasons for such denial in writing seven days of receipt of an appeal

I HEREBY APPEAL: _____ Signature _____ Date