

APPLICATION FOR ACCESS TO RECORDS  
TOWN OF TICONDEROGA  
P.O. BOX 471  
TICONDEROGA, NY 12883

I hereby request:

- 1.) An uncertified copy of \_\_\_\_\_
- 2.) A certified copy of \_\_\_\_\_
- 3.) To inspect the record \_\_\_\_\_

Name of Record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Street Address Town

\_\_\_\_\_  
State Zip Phone

\*\*\*\*\*

For Agency Use

Request Approved

Request Denied for the Following

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Records Access Officer, Signature Date

Notice: You have a right to appeal a denial of this application to the head of this agency, who must fully explain his reasons for such denial in writing seven days of receipt of appeal.

I hereby appeal: \_\_\_\_\_  
Signature Date