



TOWN OF HALFMOON
2 Halfmoon Town Plaza
Halfmoon, New York 12065

Phone 518-371-7410
Fax 518-371-0936

FOIL APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

DATE: _____

DEPARTMENT FORWARDED TO: _____

I wish to obtain copies or inspect the following record(s): **(PLEASE IDENTIFY)**

APPLICANT: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

TO: APPLICANT

APPROVED _____ You may see and/or copy (this/ these) record(s) as follows:

DATE _____ **TIME** _____ **PLACE** _____

PHOTOCOPIES: NUMBER _____ **CHARGE** _____

DENIED (reason): _____

Any person denied access to records may appeal the denial with the Town Board of the Town of Halfmoon within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Halfmoon, 2 Halfmoon Town Plaza, Halfmoon, NY 12065