Town Supervisor **Kevin J. Tollisen** 

Town Board Jeremy Connors Paul Hotaling John Wasielewski Eric Catricala



## **TOWN of HALFMOON**

Lynda A. Bryan, Town Clerk 2 HALFMOON TOWN PLAZA HALFMOON, NY 12065 COUNTY OF SARATOGA (518) 371-7410 ext. 2233 Fax# (518) 357-8334 foil@townofhalfmoon.org

FOIL APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER	
DATE:	(Office Use / Forwarded to )
APPLICANT/COMPANY NAME:	
CONTACT INFORMATION	
EMAIL ADDRESS:	
<b>PHONE #:</b>	FAX#:
ADDRESS OF PROPERTY BEING FOILED:	
I wish to obtain copies or inspect the following re	ecord(s): (PLEASE IDENTIFY & BE AS SPECIFIC AS POSSIBLE)
FOIL Requests will be answered within five (5) b notification to the contact information listed on t	ousiness days of receipt. should an extension become necessary, there will be he original request.
SIGNATURE:	
TO: APPLICANT	
APPROVED: (You may see a	und/or copy (this/these) records(s) as follows:
DATE:TIME:	PLACE:
NUMBER OF PHOTOCOPIES	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