

**APPLICATION FOR PUBLIC ACCESS TO RECORDS
Pursuant to Freedom of Information Law**

Applicant's Name

Address

Telephone Number

Email Address

I hereby apply to inspect the following record(s):

Signature

Date

Representing

Mailing Address (If different from above)

For Agency Use Only

Approved

Denied (For the following reason(s) checked below:

- Confidential Disclosure
- Unwarranted Invasion of Personal Privacy
- Inter-Agency or Intra-Agency Materials
- Record is not maintained by this Agency
- Exempted Statute Other Than The Freedom of Information Act
- Other

Signature

Title

Date

NOTICE: You have the right to appeal a denial of this application to the Town Attorney within thirty (30) days.