

**TOWN OF COLDEN**

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**TO: RECORDS ACCESS OFFICER (Town Clerk)**

**I hereby make application to examine the following record: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Representing: \_\_\_\_\_**

**Mailing Address: \_\_\_\_\_**

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**FOR AGENCY USE ONLY**

**APPROVED \_\_\_\_\_**

**DENIED \_\_\_\_\_**

**Records of which this agency is Legal Custodian cannot be found \_\_\_\_\_**

**Record is not maintained by this agency. \_\_\_\_\_**

**I hereby certify that the records requested have been provided in accordance with the foregoing request.**

\_\_\_\_\_  
**Signature Title Date**

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**NOTICE: You have a right to appeal a denial of this application to the Town Board of the Town of Colden who must fully explain the reason for denial in writing within (7) days of receipt of this appeal.**

**I hereby appeal \_\_\_\_\_**

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**If request is made to review a tape, a date will be setup by this office to have the Clerk available to be present and to operate the tape recording machine.**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**