



**Town Clerk's Office**

503 Geyser Road | Ballston Spa, New York 12020

Phone: (518) 885-9220

**ACCESS TO RECORDS REQUEST**

I hereby request to (    ) inspect  
(    ) have copies made

of the following documents: \_\_\_\_\_

\_\_\_\_\_

(Be specific in your request. Use dates, names, etc. The information you request MUST be a document that exists.)

\_\_\_\_\_  
Requester's Name (Print)

\_\_\_\_\_  
Requestor's Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date of Request

THE REQUESTING PARTY UNDERSTANDS THAT ACCESS TO RECORDS IS GOVERNED AND REGULATED IN CONFORMANCE WITH FEDERAL, STATE AND LOCAL LAWS.

**OFFICIAL USE ONLY**

ROUTE THIS REQUEST TO \_\_\_\_\_ DEPARTMENT.

NUMBER OF COPIES REQUESTED: \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

COMMENTS:

DATE STAMP