

Town of Clarkson  
3710 Lake Rd  
PO Box 858  
Clarkson, NY 14430  
(585) 637-1130  
(585) 637-1138

Application for Access to Public Records

Date requested: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Records requested (please be as specific as possible): \_\_\_\_\_

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

Relation to person in cases of marriage records: \_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

Number of copies: \_\_\_\_\_ Received at \$.25 per copy \$ \_\_\_\_\_

Date of Response: \_\_\_\_\_ Paid date: \_\_\_\_\_

\*\*Note: The Freedom of Information Law requires that within five business days of the receipt of a written request for a record reasonably described, the "agency" must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgement of receipt of the request and a statement of the approximate date when the request will be granted or denied.