



TOWN OF PITTSFORD

APPLICATION FOR ACCESS TO PUBLIC RECORDS

I hereby apply to inspect the following records:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Name of organization or group (*not required*): _____

HOW TO SUBMIT THIS APPLICATION

1. **Online – Email Form**
2. **Print and mail to:** Linda Dillon, Town Clerk, 11 S. Main Street, Pittsford, NY 14534
3. **Fax to:** (585) 248-6440

FOR OFFICE USE ONLY

- Request Approved
- Request Denied for Reasons Checked Below:
 - Confidential Disclosure
 - Part of Investigatory Files
 - Unwarranted Invasion of Personal Privacy
 - Record Not Maintained by this Agency
 - Record of Which This Agency Is Legal Custodian Cannot Be Found
 - Other: _____

Town Clerk's Signature: _____ Date: _____

Department Referral: _____

Requested Date of Response by Department to Town Clerk: _____

NOTICE TO APPLICANT: You have the right to appeal denial of this application to the Town Supervisor within thirty (30) days. Please sign and return to the Office of the Supervisor, 11 S. Main Street, Pittsford, NY 14534, or FAX to (585) 248-6247.

I hereby request an appeal of denial for access to public records.

Signature: _____ Date: _____