

TO: RECORDS ACCESS OFFICER

DATE \_\_\_\_\_

\_\_\_\_\_  
Department Name

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone #

**FOR AGENCY USE ONLY**

APPROVED  
DENIED

Record of which this Department is Legal Custodian cannot be found.

Record is not maintained by this Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
Date

**NOTICE:** YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS  
APPLICATION TO THIS TOWN BOARD OF THE TOWN OF SOUTHEAST.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
BUSINESS ADDRESS

WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF AN APPEAL.  
I HEREBY APPEAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date