

**TOWN OF SHAWANGUNK**  
**PO BOX 247 WALLKILL, NY 12589**  
**845-895-2611**

**REQUEST FOR OFFICIAL COPIES**

**In accordance with the FREEDOM OF INFORMATION LAW,**

I, \_\_\_\_\_, hereby request copies of the following Town of Shawangunk records:

GOVERNMENT UNIT / DEPARTMENT \_\_\_\_\_

DESCRIPTION OF RECORD(S) BEING REQUESTED:

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

**\*\*I understand that this information cannot be used for commercial, solicitation, or fund-raising purposes\*\***

I understand that the Town has five days in which to advise whether these requested records are available. I further understand that there is a fee of .25 cents per copy.

Signature: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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THIS REQUEST IS HEREBY AUTHORIZED: \_\_\_\_\_

THIS REQUEST IS HEREBY DENIED BECAUSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You have the right to appeal any decision of the Records Access Officer directly to the Town of Shawangunk Town Board, provided you do so in writing within 30 days.**

Signature: \_\_\_\_\_

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

\_\_\_\_\_