Application for Public Access to Records Of Village of Pawling, New York 12564

To: **Records Access Officer** Village of Pawling 9 Memorial Avenue Pawling, N.Y. 12564

I, hereby apply to inspect the following records:

| Signature       | Date                                |
|-----------------|-------------------------------------|
| Mailing Address |                                     |
|                 | For Village of Pawling Use - Agency |
|                 |                                     |
| Approved:       | Denied:                             |

Name

**Business Address** Who must fully explain his/her reasons for such denial in writing seven (7) days of receipt of an appeal: