



ACCESS TO PUBLIC RECORDS

NAME OF APPLICANT:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:		
DOES APPLICANT APPLY ON OWN BEHALF?	YES	NO
IF NO, NAME AND ADDRESS OF PRINCIPAL. IF APPLICANT MADE BY AGENT ETC.		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

	PLEASE LIST THE RECORDS YOU WISH TO EXAMINE	APPROXIMATE DATE FILED	DOES APPLICANT REQUEST A PHOTOCOPY	
			YES	NO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

THESE RECORDS OR REPORTS WILL NOT BE USED FOR COMMERCIAL OR FUND RAISING PURPOSES.
 (Section 88, Subdivision 3 (d) Public Officers Law)

 Signature of Applicant