



Town of Mamaroneck
 Office of the Town Clerk, Town Center
 740 West Boston Post Road, Mamaroneck, NY
 10543-3353

Town Clerk
 Stamp

Christina Battalia, CMC, RMC
 Mamaroneck Town Clerk

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I hereby apply for copies of the following record(s) with the understanding that I will pay the indicated costs of reproduction as outlined in Chapter 167 of the Code of the Town of Mamaroneck relating to inspection and copying of public records:

INFORMATION REQUESTED **PLEASE WRITE LEGIBLY AND BE AS DETAILED AND SPECIFIC AS POSSIBLE**

Date _____ Name of Requester (please print) _____

Signature _____ Representing _____ Telephone _____

Fax # _____ Email _____

(PLEASE WRITE EMAIL LEGIBLY)

Mailing Address _____

Approved () (if not part of an open investigation)

Denied (for the reason(s) check below)

- () Inter or Intra-Agency Record, which is neither factual nor statistical tabulations
- () Confidential disclosure
- () Part of investigatory files
- () Unwarranted invasion of personal privacy
- () Record of which this agency is not legal custodian
- () Cannot be found
- () Record is not maintained by this agency
- () Exempted by statute other than the Freedom of Information Act
- () Other _____

NOTICE: You have a right to appeal a denial of this application. Appeals should be directed to the Town Supervisor.

DEPARTMENTAL USE

Were records given by Town Department directly to Requester?

(Select one) YES NO Date _____