

TOWN OF BEEKMANTOWN



TO:

Kelly M. LaFountain, Town Clerk
571 Spellman Road
West Chazy, N.Y. 12992
(518) 563-4650 Ext. 2
(518) 825-0313 FAX

_____ **Date:**

I hereby apply to:

_____ **Inspect**

_____ **Have Copies (.25 per page)**

The Following Records:

_____ **Name**

_____ **Signature**

_____ **Representing**

_____ **Phone**

_____ **Address**

For Agency Use Only

_____ **Approved**

_____ **Denied**

Record is not maintained by this agency _____

Record is not available at this time: _____

_____ **Title**

_____ **Signature**

_____ **Date**

NOTICE: You have the right to appeal a denial of this application to the head of this agency.

To: Mr. Samuel Dyer 571 Spellman Rd. West Chazy, NY 12992

I hereby appeal: _____

Signature

Date