

Town of Geddes

1000 Woods Road

Solvay, NY 13209

Phone (315) 468-3600

Fax (315) 487-5721

Email townclerk@townofgeddes.com

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Alison Dorchester, Records Access Officer

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may inspect the documents first and then request copies for \$.25 per page. Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Geddes at the address listed above.

I wish to inspect the following documents and the reason needed:

I, the undersigned, certify that these documents will **not** be used for **commercial purposes, soliciting, fundraising, or passed on to others.**

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail Address _____

Office use only

Sent to Department: Date _____

____ Assessor

____ Town Clerk

____ Planning & Development

____ Supervisor

____ Code Enforcement

____ Town Attorney

____ Town Engineer

____ Town Manager

____ Highway Dept

____ Justice Courts

____ Geddes Police Dept

____ Other

