REQUEST FOR ACCESS TO PUBLIC RECORDS (FOIL)
TOWN OF GARDINER

(845)255-9675 x100 **townclerk.tog@gmail.com**

Date: _____

To: Records Access Officer
Town of Gardiner
2340 Route 44-55, PO Box 1
Gardiner, NY 12525

Name: _____
Address: _____
Daytime Phone#: _____
E-Mail Address: _____

Nature of Request:
_____View Only _____Copies Only _____View & Copy
$.25 per page/copy

I wish to examine the records specified below:
(please print clearly & give a detailed description of the record)

_____
_____
_____
_____
_____

Signature: _____

For Town of Gardiner Use Only

Information Provided: Date: _____ Time: _____
Information Denied: _____

Town Representative: _____
Signature/Title

Acknowledgement of Receipt: _____ Date: _____