



TOWN OF GREENVILLE
1537 US Route 6
Port Jervis, NY 12771

FREEDOM OF INFORMATION
REQUEST FORM

TO: RECORDS ACCESS OFFICER

FROM: _____
(Name of Person Requesting Information)

ADDRESS: _____

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

SIGNATURE DATE

REPRESENTING

MAILING ADDRESS

FOR AGENCY USE ONLY

APPROVED
DENIED

Record of which this agency is Legal Custodian cannot be found
Record is not maintained by this Agency.

SIGNATURE TITLE DATE

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE
HEAD OF THIS AGENCY

NAME BUSINESS ADDRESS

WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF
AN APPEAL.

I HEREBY APPEAL:

SIGNATURE DATE