

Town of Glenville - Town Clerk

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FREEDOM OF INFORMATION APPLICATION

Name:	
Address:	
Phone Number:	
Email Address:	

Pursuant to the regulations of the Committee on Public Access to Public Records of the State of New York, and the rules and regulations adopted by the Town Board of the Town of Glenville, request is hereby made for a copy of the following records: (Please be as specific as possible, include dates, titles, file designations, or any other information that will help to find the requested records)

Signature		Date
	For Official	Use Only
APPROVEDDENIED RECORD IS NOT MAINTAIN AMOUNT DUE (.25 cents pe	ED BY TOWN	
SIGNATURE	TITLE	DATE
NOTICE: You have the right to	appeal a denial of this appl	ication to the Attorney for t
	8 Glenridge Road, Glenville, NY 12302	