

APPLICATION FOR PUBLIC ACCESS TO TOWN OF SHELDON RECORDS

DATE: _____

SUBMITTED TO: TOWN CLERK CAROL ZITTEL, RECORDS MANAGER

SUBMITTED BY: _____
NAME

MAILING ADDRESS INCLUDING CITY, STATE, ZIP

TELEPHONE NUMBER

SIGNATURE

I hereby apply to inspect the following records: (additional space on back of page)

OR

I hereby apply for copies of the following records at a cost of .25 cents per page:

FOR OFFICE USE ONLY:

Number of copies _____ **Amount Due** _____

Date Completed _____ **Completed By:** _____

Approved _____ **Denied** _____

Record cannot be found _____ **Record not maintained by this Agency** _____