



TOWN OF NEW WINDSOR
TOWN CLERK'S OFFICE
555 Union Avenue New Windsor, New York 12553
(845) 563-4611 Fax: (845) 563-4670
newwindsor-ny.gov

Kelly Allegra, Town Clerk

REQUEST FOR PUBLIC RECORDS

DATE: _____

NAME of PETITIONER: _____

ADDRESS of PETITIONER: _____

PHONE: (____) _____

E-MAIL: _____

REPRESENTING: _____

*Under Penalty of Law, I affirm that this request of documents
Will not be used for commercial purposes, marketing or financial gains.*

SIGNATURE: _____ DATE: _____

PLEASE SPECIFY:

- Department you are requesting records from: _____
- Property location (street address or section, block and lot number)

- Describe information requested as fully as possible.

The Freedom of Information Law requires that an agency respond to a request within five business days of a receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

FOIL TRACKER #: _____