
**TOWN OF POUGHKEEPSIE
APPLICATION FOR PUBLIC ACCESS TO
RECORDS 2017**

DATE: _____ TIME: _____

**TO: Felicia Salvatore, Records Access Officer, Town Clerk's Office,
Town of Poughkeepsie, One Overocker Road, Poughkeepsie, New York 12603**

Phone: 845-485-3620

Fax: 845-485-8583

FROM: _____

NAME OF INDIVIDUAL

NAME OF AGENCY OR FIRM

ADDRESS OF APPLICANT: _____

PHONE NUMBER OF APPLICANT: (____) _____

FAX NUMBER: (____) _____

EMAIL ADDRESS _____

I hereby apply to: _____ inspect the following record
If available to the public. _____ receive a copy at \$.25 a page

**I have spoken with someone regarding this request: no _____ yes, _____ and if so
whom _____ Department _____**

Description of record: _____

SIGNATURE

**Note: Any requests for Police Department records must be directed to
the Town of Poughkeepsie Police. This form is for all other records of
the Town of Poughkeepsie.**

Request filled on _____ at _____ Request was emailed _____ copied _____
Date/Time or inspected _____