

Town of Verona
Application For Public Access To Records
FAX: (315) 363-0885 / EMAIL: townclerk@veronany.gov

To: Verona Town Clerk
6600 Germany Road
Durhamville, NY 13054

For Agency Use Only
Record # _____

I hereby apply to access the following record:

- I hereby request to inspect the record.
- I hereby request a copy of the record, for which I agree to pay \$0.25 per page.

_____	_____
Name	Signature
_____	_____
Representing	Date

Mailing / Email Address	

For Agency Use Only

- Approved. Record consists of _____ pages. Please call _____ at _____ to schedule an appointment to inspect the records. A copy will be available upon receipt of _____. If you wish a copy to be mailed to you, please include an additional _____ for postage.
- Denied.
- Record of which this agency is legal custodian cannot be found.
- Record is not maintained by this agency.
- Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: _____)
- Explanation: _____

_____	_____
Town Clerk	Date

NOTICE: You have a right to appeal a denial of this application to the Town Clerk, who must fully explain the reasons for such denial in writing within seven (7) days of receipt of an appeal. If you wish to appeal, please submit your appeal to the Town Clerk:

Verona Town Clerk
6600 Germany Road
Durhamville, NY 13054

I hereby appeal:

_____	_____
Signature	Date