

VILLAGE OF RICHFIELD SPRINGS  
PO BOX 271  
RICHFIELD SPRINGS, NY 13439  
315-858-1710 F: 315-858-9202  
Clerk-richspgs@stny.rr.com



**REQUEST FOR PUBLIC RECORDS**

**Requestor**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Item(s) Requested**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like the requested items:

\_\_\_\_\_ made available at a time & date for review

\_\_\_\_\_ copies (@ .25 each copy)

\_\_\_\_\_ mailed (include postage paid envelope with address)

\_\_\_\_\_ emailed (cc fees may apply) \_\_\_\_\_ faxed (cc fees may apply)

**Records manager will respond to your request within 5 days from received date below.**

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**FOR MUNICIPALITY USE ONLY**

Received: (Stamp date and time)

Method of Delivery:

Name of person receiving request:

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_