



# VILLAGE of RICHFIELD SPRINGS

Po Box 271 Richfield Springs, NY 13439

315-858-1710 fax: 315-858-9202

## REQUEST FOR PUBLIC RECORD

### 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.**

### **FOR MUNICIPALITY USE ONLY**

Received: (Stamp date and time)

Method of Delivery:

Name of person receiving request:

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

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