



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: _____