

APPLICATION FOR ACCESS TO RECORDS  
MAINTAINED AT  
TOWN OF BOLTON OFFICES

Return to: Town of Bolton Town Hall  
Office of the Town Clerk  
4949 Lakeshore Drive  
P.O. Box 7  
Bolton Landing, NY 12814

Provide specific request:

I hereby apply to: ☐ inspect

☒ obtain a copy of the following record(s)\*

Please see letter.

Beryl Lipton

Print Name

Representing (if applicable)

411A Highland Ave MR95766, Somerville, MA 02144

Mailing Address

City, State, Zip Code

  
Signature

9-18-2020

Date

6172991832

Telephone Number

Fax Number

FOR TOWN USE ONLY:

APPROVED ☐

**DENIED** for the reason(s) checked below:

- ☐ Confidential Disclosure  
☐ Part of investigatory files  
☐ Unwarranted invasion of personal privacy  
☐ Record is not maintained by this agency  
☐ Records for which this agency is legal custodian cannot be found  
☐ Exempted by statute other than Freedom of Information Act  
☐ Other: \_\_\_\_\_

Date received: \_\_\_\_\_  
Assigned to: \_\_\_\_\_  
Department or Program Area: \_\_\_\_\_  
Date Applicant Contacted: \_\_\_\_\_  
Date File Review: \_\_\_\_\_  
Fee Applicable? ☐ Yes ☐ No  
# of Copies: \_\_\_\_\_  
Fee Waived: \_\_\_\_\_  
Amount Billed: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Date Info Sent Out: \_\_\_\_\_

\* A Record Duplication charge of \$.25 per (8.5" x 11") page or \$5.00 per sheet for larger copies payable in advance to Town of Bolton.

**NOTICE:** You have the right to appeal denial of this application.

I hereby request an appeal \_\_\_\_\_

Signature

Date