



TOWN OF SHELTER ISLAND

**38 North Ferry Road – P.O. Box 1549
Shelter Island, New York 11964**

SHELBY MUNDY
TOWN CLERK
REGISTRAR OF VITAL STATISTICS
FREEDOM OF INFORMATION OFFICER
RECORDS ACCESS OFFICER

OFFICE NUMBER (631) 749-1166
FAX NUMER (631) 749-3436
foiltownclerk@shelterislandtown.gov

APPLICATION FOR PUBLIC ACCESS TO RECORDS
(Instructions: Submit this form to the Town Clerk. See above contact information.)

To: _____ (Department Name)

I hereby request to receive the following records: _____

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Town of Shelter Island harmless from any claim arising from any such unsanctioned use of the information requested. **Signature of Applicant:** _____

Print Name & Name of Organization, if applicable Date & Time

Mailing Address

Telephone Number _____ Fax Number _____ Email Address _____
Copies requested? _____ Yes _____ No

FOR DEPARTMENT USE ONLY

Sent to _____ Department on (date) _____ by (initials) _____

Approved _____ Denied _____ REASON FOR DENIAL: _____

Number of pages to be copied: _____ @ 0.25 per copy \$ _____ Received: \$ _____

Signature of Department Representative Title Date