VILLAGE OF GREEN ISLAND
COUNTY OF ALBANY
STATE OF NEW YORK
REQUEST FOR ACCESS TO RECORDS

DATE _____

TO: RECORDS ACCESS OFFICER

DEPARTMENT CONCERNED _____

RECORD/RECORDS REQUESTED _____

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_____ _____
NAME OF REQUESTOR SIGNATURE

_____
REPRESENTING

_____
MAILING ADDRESS

_____
TELEPHONE NUMBER

RECORDS ACCESS OFFICER USE

Approved Date _____

Denied: Reason _____

_____

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_____

Dates:

Dept. Contacted _____

Dept. Reply _____

Reply to Requestor _____

Information Provided _____