

**TOWN OF MARCELLUS
24 EAST MAIN STREET
MARCELLUS, NEW YORK 13108
PHONE: (315) 673-3269 EXT. 1
FAX: (315) 673-9102**

Request to view public records under the FREEDOM OF INFORMATION LAW

Name _____

Date _____

Address _____

Return form to: Marcellus Town Clerk
24 E. Main Street
Marcellus, NY 13108

Phone _____

Record(s) Requested _____

Reason for Request _____

Signature of Person Requesting Records _____

Records are available during regular business hours – Monday through Friday – 9:00 A.M. to 4:30 P.M.

You have the right to appeal a denial of this application within 30 days to the head of the governing body of this agency.

Number of pages to be copied (25 cents per page) _____

Fee Paid _____

Request approved _____

Request disapproved _____

Reason for disapproval _____

Signature of Official Granting/Denying Request _____