

# TOWN OF JACKSON

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## APPLICATION FOR ACCESS TO PUBLIC RECORDS

TO: Records Management Officer

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

\*Please specify title of document(s), description and date of record

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Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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TO: Applicant

This is to inform you that your request for information received on \_\_\_\_\_ has been

( ) Granted: Information will be available on \_\_\_\_\_ Fee (\$.25/page): \_\_\_\_\_

( ) No Record

( ) Denied for the following reason(s):

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If your request has been denied, you have the right to appeal in writing to the Jackson Town Board within 30 days of the denial.

\_\_\_\_\_  
Records Management Officer

\_\_\_\_\_  
Date