

**THE TOWN OF PUTNAM VALLEY
265 OSCAWANA LAKE ROAD
PUTNAM VALLEY, NEW YORK 10579**

REQUEST FOR INSPECTION/COPY OF RECORDS

PLEASE INDICATE THE NATURE OF YOUR REQUEST: INSPECTION _____ COPIES _____ * BOTH _____ *

Date of Request _____

Name of Person Requesting Record: _____

Address: _____ Phone #: _____

SPECIFIC RECORD REQUESTED:

Date/Time of Occurrence: _____

Specific Information Requested _____

**YOU WILL BE NOTIFIED BY MAIL WHEN THE ABOVE RECORD IS
AVAILABLE FOR INSPECTION:**

The notification of availability shall entitle the person identified above, or an authorized representative thereof (such representative must present notarized authorization from the person name above) to inspect the above-mentioned records and shall be available until 4:00 p.m. of the day indicated for inspection. It may not be extended to another day, if the materials provided for inspection are not inspected during the day stipulated in the written notification, a new Request Form must be filed.

In all cases, this notification must be used with ten (10) days of the date of issue, as shown on the notification form. Inspection will take place at the Town of Putnam Valley Town Hall, 265 Oscawana Lake Road, Putnam Valley, New York.

* Where the person requesting records wishes to retain copies of any documents for which release is authorized, the copies will be provided at a cost of twenty-five (25) cents for an 8 ½ by 11 page and fifty (50) cents for an 11 x 14 page.

(OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE)

Name of Forms Approved for Release: _____

Date of Approval: _____ Date Notification Sent: _____

Stipulated Inspection Date: _____ Date Inspected: _____

Member Releasing Record: _____

Inspection/Release Authorized by: _____

I, _____, hereby acknowledge inspection/receipt of the
documents/records listed above.

Signature of Person Inspecting/Receiving Record(s)