

MICHELLE STEPHENS
Town Clerk/Tax Receiver

KATHY DIOMEDE
Deputy Town Clerk

AMY CARGAIN
Deputy Town Clerk

SAMANTHA CUNITZ
Clerk Administrator



TOWN HALL
265 Oscawana Lake Road
Putnam Valley, NY 10579

Tel: 845-526-3280

TOWN OF PUTNAM VALLEY

Town Clerk/ Tax Receiver

PLEASE EMAIL REQUEST TO: MSTEPHENS@PUTNAMVALLEY.GOV

REQUEST FOR INSPECTION/COPY OF RECORDS (FOIL FORM)

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

DATE OF REQUEST: _____

Name (Print): _____ Day Phone: _____

Address of Applicant: _____

City/Town/Village (State) (Zip) Representing: _____

Email Address: _____

There will be a charge for copies being picked up at Town Hall. The copies provided will cost twenty-five (25) cents for an 8-1/2 X 11 page and fifty (50) cents for an 11 X 14. If picking up, your total is \$ _____

Specify Departments (Assessor, Building, Clerk, Planning & Zoning i.e.):

Please specify the record(s) requested, Provide Address / Parcel ID:

THIS SECTION FOR AGENCY USE ONLY

_____ **APPROVED** Attached are electronic copies of the records you requested.

Date of approval: _____

_____ **DENIED** for the following reason(s):

Date of denial: _____

_____ Confidential Disclosure

_____ Unwarranted disclosure of personal privacy

_____ Record of which this agency is the legal custodian of, cannot be found

_____ Exempted by statute other than the Freedom of Information Law (FOIL)

_____ Other (explain) _____

Name/Signature of Person Approving or Denying Application

Title

Date