

**APPLICATION FOR ACCESS TO RECORDS
OF THE
VILLAGE OF MILLBROOK**



TO: Records Access Officer

Village of Millbrook

P.O. Box 349

Millbrook NY 12545

Fax: 845-677-3972

E-mail: clerk@villageofmillbrookny.com

FROM:

Name:

Address:

Phone Number:

Fax:

E-mail:

I hereby request approval to inspect the following record(s):

Signature of Applicant: _____ Date: _____

(FOIL requests are subject to fees)

For Village of Millbrook Use-Only

Approved: _____ Completed: _____

No. of Pages: _____ Fee Received: _____ Cash/Check # _____

Denied: _____

For reason(s) checked below:

____ A. Confidential Disclosures- Part of Investigative files

____ B. Unwarranted invasion of personal privacy

____ C. Record of which this agency is legal custodian cannot be found

____ D. Record is not maintained by this agency

____ E. Exempt by Statute other than the Freedom of Information Act

____ F. Other (specify): _____

Signature

Title

Date

Submit FOIL request with any of the following options:

Email: clerk@villageofmillbrookny.com

Fax: 845-677-3972

Mail: Village of Millbrook PO Box 349 Millbrook NY 12545

Hand Deliver: 35 Merritt Ave Millbrook NY 12545