

**REQUEST FOR ACCESS TO PUBLIC RECORDS**  
**TOWN OF COBLESKILL**  
**OFFICE OF RECORDS ACCESS OFFICER**

Tina Ward, Town Clerk/Registrar of Vital Statistics  
378 Mineral Springs Road, Suite 5 ~ PO Box 327  
Cobleskill, NY 12043  
(518) 234 -1719

Dated: \_\_\_\_\_

Requested by: \_\_\_\_\_ Tel#: \_\_\_\_\_  
*(Please PRINT)*

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

Email: \_\_\_\_\_

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to (identify the records you are requesting as clearly as possible):

FOIL Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emailed copies wanted:  Yes  No

Printed copies wanted:  Yes  No

Please inform me of any \*fees or charges before filling this request.

Sincerely,

\_\_\_\_\_  
*(Signature required)*

*\*The fee for copies up to and including 11" x 17" is twenty-five cents (\$.25) per page. Special charges may apply for producing oversize documents, tapes, CDs or any other non-paper formats. (Fees are payable by cash or check to Town of Cobleskill.)*