

**TOWN OF MARCELLUS
22 E. MAIN STREET
MARCELLUS, NEW YORK 13108
PHONE: 673-3269 ext. 0
FAX: 673-9102**

Request to view public records under the FREEDOM OF INFORMATION LAW

Name _____

Date _____

Address _____

Return form to: Marcellus Town Clerk
22 E. Main Street
Marcellus, NY 13108

Phone # _____

Record(s) Requested _____

Reason for Request _____

Signature of Person Requesting Records _____

Records are available during regular business hours -Monday through Friday – 9:00 A.M. to 4:30 P.M.

You have the right to appeal a denial of this application within 30 days to the head of governing body of this agency.

Number of pages to be copied (25 cents per page) _____

Fee Paid _____

Request Approved _____ Request Disapproved _____

Reason for Disapproval _____

Signature of Official Granting/Denying Request _____