

Town of Minetto
6 Community Drive
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Minetto, NY 13115
Phone: 315-343-2393
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Email: townclerk@townofminetto.net

Date: _____

To: Jennifer Allen, Records Access Officer

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may inspect the documents first and then request copies for \$.25 per page. Any person denied access to records may appeal the denial within thirty (30) days of the denial. Such appeals should be addressed to the Attorney for the Town of Minetto at the address listed above.

I wish to inspect the following documents:

I, the undersigned, certify that these documents will **NOT** be used for commercial purposes.

Signature: _____
Printed Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

Office Use Only

Date information requested _____ from _____
Date information requested _____ from _____
Approval of Attorney if required _____
Date of Response _____
Action Taken _____
Request Denied _____
Reason _____

Five Day Letter completed (Date & Time): _____

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