

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Town of Roxbury
ATTN: Records Access Officer
PO Box 189
Roxbury, NY 12474

I hereby apply for **copies** of the following records @\$0.25 per page (8 1/2" X 11" sheet) with larger sizes by cost of reproduction fee:

OR

I hereby apply to **inspect** the following records:

Printed Name: _____ Telephone # _____

Signature: _____ E-Mail: _____

Mailing Address: _____
