FROM:_____
(DEPARTMENT HEAD)

TO TOWN CLERK:_____
(Date)

COMPLETED FORM
RETURNED TO TOWN CLERK:_____
(DATE)

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
TOWN OF LLOYD
12 CHURCH ST
HIGHLAND, NY 12528

I HEREBY APPLY TO INSPECT THE FOLLOWNG RECORDS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

PRINT NAME TELEPHONE DATE

_____

REPRESENTING SIGNATURE

_____

MAILING ADDRESS

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