



TOWN OF OSSINING VILLAGE OF OSSINING MUNICIPAL BUILDING



MARY ANN ROBERTS
TOWN / VILLAGE CLERK

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Mary Ann Roberts
Records Access Officer
Town/Village of Ossining
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Name: _____ Date: _____

Address: _____

Telephone: _____ E-mail: _____

I hereby apply to inspect the following record/s: _____

Signature

For Agency Use Only

Approved ()

Denied for reason(s)

- () Confidential Disclosure () Part of Investigatory Files
- () Unwarranted Invasion of Person Privacy
- () Record which this Agency as legal custodian cannot be found
- () Record is not maintained by this Agency
- () Exempt by Statute other than Freedom of Information Act
- () Other, please specify _____

SIGNATURE/TITLE

DATE

Note: You have a right to appeal a denial of this application to the head agency of this agency. A full explanation for reason for such denial shall be, in writing, within seven days of receipt of an appeal