



**SHELTER ISLAND APPLICATION FOR PUBLIC ACCESS TO RECORDS**  
(Instructions: This should be given to the Town Clerk, 38 N. Ferry Road, PO Box 1549, Shelter Island, NY 11964 or to [townclerk@shelterislandtown.us](mailto:townclerk@shelterislandtown.us))

To: \_\_\_\_\_ (Department Name)

I hereby request to receive the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State and I further agree to indemnify and hold the Town of Shelter Island harmless from any claim arising from any such unsanctioned use of the information requested.

Print Name	Date & Time
Name of Organization	Mailing Address
Telephone #	Yes _____ No _____ Copies Requested?

***FOR DEPARTMENT USE ONLY***

Approved \_\_\_\_\_  
Denied \_\_\_\_\_  
REASON FOR DENIAL:

Number of pages to be copied: \_\_\_\_\_ @ 0.25 per copy \$ \_\_\_\_\_  
Received: \$ \_\_\_\_\_

Signature	Title	Date
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Notice: The records access officer has five days to approve or deny this request. You have a right to appeal a denial within 30 days of the denial. Records are available during the business hours of 9:00 a.m. – 4:00 p.m.

Sent to Department: \_\_\_\_\_ Date: \_\_\_\_\_