Application for Public Access To Records in the Town of Palermo

TO: RECORDS ACCESS OFFICER Name of Applicant			Copies of records will be provided @ \$.25 per page per side For Office Use Only No of Copies: \$.25: x .25	
Address			Total:	
I hereby apply to inspect	the following record(s):			
Signature		Date	Date	
Mailing Address		Represent	Representing	
 Record is Not Main Exempted by Status Part of Investigator 	asons checked below: sure son of Personal Privacy his Agency is Legal Custodia htained By This Agency to Other Than the Freedom o	of Information Act		
Signature	Title	Date	Date	
Name	ight to appeal this application	Address	his agency:	
Signature		——————————————————————————————————————		