TOWN OF COVENTRY

Chenango County – New York

OFFICE OF THE TOWN CLERK

Registrar of Vital Statistics 1839 State Highway 235 Greene, New York 13778 (607) 656-8602 Fax: (607) 656-7017

Email: coventryth@stny.rr.com

APPLICATION FOR PUBLIC ACCESS TO TOWN OF COVENTRY RECORDS

Note: Please Print When Completing This Form

	Date:		
Submitted To:	ubmitted To: Town of Coventry Records Management Officer		
Submitted by:			
,	Name		
	Representing	· <u></u> ·	
	Mailing Address Including City, State & Zip		
	Email		
	Telephone Number	Fax Number	
	Signature		
I hereby apply to insp	ect the following records: (please use other side if a	dditional space is needed)	
I benebu combuten co	or		
nereby apply for cop	pies of the following records at a cost of .25 cents pe	er page:	
	ach Department Selected Below Is Required To Re	spond To this FOIL	
_	Request—VIA the Records Management O		
Assessor Building	DEDPHighwayParks _SeniorTown ClerkSupervisor _	Public WorksTown Board Planning BoardCourt	
Justice	town clerksupervisor _	Court	
	_	Amount Due:	
Date Completed:		Completed By:	

Please use space	e provided to submit informatio	on to the Records Manageme	ent Officer
	FOR TOWN O	OF COVENTRY USE ONLY	
	Approved		
	Denied		
	Record, of whic	ch this agency is Legal Custoo	dian, cannot be found
	Record is not m	naintained by this Agency	
Signature	Tit	tle	Date
WHO	AVE A RIGHT TO APPEAL A CENI MUST FULLY EXPLAIN HIS/HER R OF RECEIPT OF AN APPEAL.		
Name			
I HEREBY APPEA	ıL:	Business Address	
Signature		Date	