

Supervisor: Charles A. Mastro

Town Clerk/Tax Collector/Registrar/

Foil Officer: Kathy McDaniel

**TOWN OF SHERBURNE**  
**PO BOX 860, Sherburne, NY 13460**  
**607-674-4481**  
[shertown@frontiernet.net](mailto:shertown@frontiernet.net)

**Application for Public Access to Records (FOIL)**

TO: Kathy McDaniel (FOIL OFFICER)

I hereby request to receive the following record(s)

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

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 Sherburne harmless from any claim arising from any such unsanctioned use of the information requested.

\_\_\_\_\_  
Print Name Signature Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Copy Request \_\_\_\_\_ Office Visit (Check One)

**FOR DEPARTMENT USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Number of Pages to be Copied \_\_\_\_\_ @.25 per copy = \$ \_\_\_\_\_ Rec'd \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

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 for inspection during business hours of 9 am and 4 pm.

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