

Town of Lysander
8220 Loop Rd.
Baldwinsville, NY 13027
Phone (315)638-0224
Fax (315)635-1515
Email: townclerk@townoflysander.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Records Access Officer

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may inspect the documents first and then request copies for \$.25 per page. Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Lysander at the address listed above.

I wish to inspect the following documents:

I, the undersigned, certify that these documents will **not** be used for commercial purposes.

Signature: _____

Printed _____ Name: _____

_____ Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail Address _____

Office use only

Sent to Department: Date _____

_____ Assessor	_____ Clerk's Office	_____ Planning & Development
_____ Supervisor	_____ Tax Office	_____ Town Attorney
_____ Town Engineer	_____ Other	

