



NOTICE OF INTENTION TO EXAMINE PUBLIC RECORDS

I, _____ OF _____

Tel. (____) _____ - _____, request to examine and/or obtain a copy of the particular records described below. I understand a fee of 25¢ per photo copy will be charged for records not in excess of 8 1/2" x 14" or the actual cost of reproducing any other record, unless a different fee is otherwise prescribed by law.

Signature of Applicant

Date

Note: Please return completed form to:

AVON TOWN CLERK'S OFFICE
SHARON M KNIGHT CMC/RMC
23 GENESEE STREET
AVON, NY 14414
toaclerk@frontiernert.net

Responses will be made in compliance with the provisions of § 89 of the Public Officers' Law

Approved

Disapproved

Sharon M Knight CMC/RMC Town Clerk

Date