

**TOWN OF MILAN**

**Application for Public Access to Records**

Date: \_\_\_\_\_

TO: Catherine M. Gill, Town Clerk, Town of Milan  
20 Wilcox Circle, Milan, NY 12571

FROM: \_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Name of Agency or Firm

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

I hereby apply to: \_\_\_\_\_ inspect the following record and/or  
\_\_\_\_\_ electronic copy (email, fax) and/or  
\_\_\_\_\_ receive a copy at \$0.25/page (payable by check or cash)

If available to the public.

Description of record requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Mailing address of applicant, if different from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_