

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:

