



VILLAGE OF RHINEBECK

TO: Records Access Officer
Village of Rhinebeck
76 East Market St.
Rhinebeck, NY 12572
Fax: 845-876-7015
E-mail: mmcclinton@villageofrhinebeckny.gov

FROM: Name: _____
Address: _____

Phone: _____
Fax: _____
E-mail: _____

I hereby request approval to inspect the following record(s):

Signature of Applicant: _____ Date: _____

NOTE: In connection with making records promptly available, both courts and opinions of the Committee on open government point to provisions of Public Officers Law, Article 89 (3), which requires that "within five business days of the receipt of a written request...will be acknowledged."

Submit FOIL request with any of the following options:

Email: mmcclinton@villageofrhinebeckny.gov

Fax: 845-876-5583

Mail / Hand Deliver: 76 East Market Street, Rhinebeck, NY 12572 Attn: Martina McClinton

(FOIL requests are subject to fees)

For Village of Rhinebeck Use-Only

Approved: _____ Completed: _____
 No. of Pages: _____ Fee Received: _____ Cash/Check # _____

Denied: _____

For reason(s) checked below:

- A. Confidential Disclosures- Part of Investigative files
- B. Unwarranted invasion of personal privacy
- C. Record of which this agency is legal custodian cannot be found
- D. Record is not maintained by this agency
- E. Exempt by Statute other than the Freedom of Information Act
- F. Other (specify): _____

Signature _____ Title _____ Date _____

