



# Town of Mamaroneck

Town Center

740 West Boston Post Road, Mamaroneck, NY 10543-3335

**CHRISTINA BATTALIA**  
**TOWN CLERK**

**TEL: 914/381-7870 FAX: 914/381-7813**

**TownClerk@townofmamaroneck.org**

I hereby apply for copies of the following record(s) with the understanding that I will pay the indicated costs of reproduction as outlined in Chapter 167 of the Code of the Town of Mamaroneck relating to inspection and copying of public records:

**INFORMATION REQUESTED** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_  
Name of Requester (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Representing \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Number of pages: \_\_\_\_\_

Format (circle one)    hard copy    Fax    Email

Was the Request Given to Applicant: (circle one)    YES    NO

Approved ( ) (if not part of an open investigation)

Denied (for the reason(s) check below)

- ( ) Inter or Intra-Agency Record, which is neither factual nor statistical tabulations
- ( ) Confidential disclosure
- ( ) Part of investigatory files
- ( ) Unwarranted invasion of personal privacy
- ( ) Record of which this agency is not legal custodian
- ( ) Cannot be found
- ( ) Record is not maintained by this agency
- ( ) Exempted by statute other than the Freedom of Information Act
- ( ) Other \_\_\_\_\_

Signature of Freedom of Information Officer \_\_\_\_\_ Date \_\_\_\_\_

Christina Battalia

**NOTICE: You have a right to appeal a denial of this application to the Supervisor. Appeals should be delivered to the Office of the Town Clerk.**