



POUGHKEEPSIE PUBLIC LIBRARY DISTRICT

REQUEST FOR ACCESS TO PUBLIC RECORDS

Complete this form and submit to *Administrative Office – Records Request, Poughkeepsie Public Library District, 93 Market Street, Poughkeepsie, NY 12601*. Please print.

Name: _____

Address: _____

Best Contact Phone Number: _____

Is applicant applying on own behalf (circle one): Yes No

If No, provide name and address of person or organization on whose behalf this request is made.

Name: _____

Address: _____

Please list the requested documents below and indicate if you wish to personally examine the records or have them copied. Please indicate if you would prefer the records be transmitted via email, if possible. Copy charges are 25¢ per page and all charges must be paid before the requested records will be released.

	Item	Date Filed
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____

The Library District has five (5) business days to make the record available, deny the request in writing, or acknowledge receipt of the request in writing with an approximate date on which the Library will grant or deny the request.

applicant's printed name

date filed

applicant's signature

received by