

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To: Yolanda D. Cappelli, Town Clerk's Office  
Town of Kent  
25 Sybil's Crossing  
Kent Lakes, NY 10512

I hereby apply to inspect the following records:

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\_\_\_\_\_  
SIGNATURE  
PRINT NAME: \_\_\_\_\_

\_\_\_\_\_  
REPRESENTING

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

NOTICE: You have the right to appeal a denial of this Application to the head of this agency. Upon receipt of the appeal, the Agency head, governing body has ten (10) business days to fully explain in writing the reasons for further denial of access or to provide access to the records.

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**FOR AGENCY USE ONLY**

- Approved
- Denied

\_\_\_\_\_  
SIGNATURE  
Title: \_\_\_\_\_

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