



**TOWN OF ARIETTA**  
*in*  
HAMILTON COUNTY, NY  
[toa@townofarietta.com](mailto:toa@townofarietta.com)

1722 State Route 8  
PO Box 37  
Piseco, NY 12139  
TEL: (518) 548-3415 FAX: (518) 548-6203

**APPLICATION FOR PUBLIC ACCESS TO RECORDS  
(FOIL REQUEST)**

I hereby request to receive the following records:

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I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State, and I further agree to indemnify and hold the Town of Arietta harmless from any claim arising from any such unsanctioned use of the information requested.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Town, State, ZIP

The Town of Arietta shall be reimbursed at \$0.25 per standard copy and/or for the actual cost to reproduce irregular documents, including, but not limited to, color copies or large documents.

**NOTICE:** The Town has five (5) days to approve or deny this request. You have a right to appeal a denial within thirty (30) days of the denial. Records are available during business hours.

**For Office Use Only**

\_\_\_\_ Approved \_\_\_\_ Denied - Reason for Denial: \_\_\_\_\_

Standard pages copied: \_\_\_\_ @ \$0.25 per copy \$ \_\_\_\_\_

Non-standard documents: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date