



**TOWN OF SHELTER ISLAND**

38 NORTH FERRY ROAD - P.O. BOX 1549  
SHELTER ISLAND, NEW YORK 11964-1549

DOROTHY S. OGAR  
TOWN CLERK  
REGISTRAR OF VITAL STATISTICS  
FREEDOM OF INFORMATION OFFICER  
RECORDS ACCESS OFFICER

ADMINISTRATIVE (631)-749-1166  
FAX NUMBER (631)-749-3436  
[townclerk@shelterislandtown.us](mailto:townclerk@shelterislandtown.us)

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

(Instructions: This should be given to the Town Clerk, 38 North Ferry Road, P.O. Box 1549, Shelter Island, NY 11964 or emailed to [townclerk@shelterislandtown.us](mailto:townclerk@shelterislandtown.us))

To: \_\_\_\_\_ (Department Name)

I hereby request to receive the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Shelter Island harmless from any claim arising from any such unsanctioned use of the information requested.

\_\_\_\_\_  
Print Name Date & Time

\_\_\_\_\_  
Name of Organization Mailing Address

\_\_\_\_\_  
Telephone # Fax # Email Address

Copies requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR DEPARTMENT USE ONLY**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

Number of pages to be copied: \_\_\_\_\_ @ 0.25 per copy \$ \_\_\_\_\_

Received: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

Sent to Department: \_\_\_\_\_ Date: \_\_\_\_\_