



**TOWN OF SHELTER ISLAND**

**38 North Ferry Road – P.O. Box 1549  
Shelter Island, New York 11964**

**AMBER WILSON**  
TOWN CLERK  
REGISTRAR OF VITAL STATISTICS  
FREEDOM OF INFORMATION OFFICER  
RECORDS ACCESS OFFICER

OFFICE NUMBER (631) 749-1166  
FAX NUMER (631) 749-3436  
[foiltownclerk@shelterislandtown.gov](mailto:foiltownclerk@shelterislandtown.gov)

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**  
**(Instructions: Submit this form to the Town Clerk. See above contact information.)**

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. **Signature of Applicant:** \_\_\_\_\_

\_\_\_\_\_  
Print Name & Name of Organization, if applicable Date & Time

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

\_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Copies requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FOR DEPARTMENT USE ONLY**

Sent to \_\_\_\_\_ Department on (date) \_\_\_\_\_ by (initials) \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ REASON FOR DENIAL: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Department Representative Title Date