

MICHAEL C. BARTOLOTTI

Putnam County Clerk
Public Information Officer

Application for Public Access to Records

RESERVED FOR TIME STAMP

To: Records Access Officer

Name of Agency

Address

Check one:

I will hand deliver myself
Please submit to the specified
department for me

Applicant's Signature

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:

Date

Applicant's Signature

Applicant's Name (PRINT CLEARLY)

Representing

Mailing Address

FOR OFFICIAL USE ONLY:

Date: _____

MICHAEL C. BARTOLOTTI,
Public Information Officer

FOR AGENCY USE ONLY

APPROVED

DENIED

Record of which this Agency is Legal Custodian cannot be found.

Record is not maintained by this Agency.

Signature

Title

Date

**NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE
PUTNAM COUNTY EXECUTIVE**

Name

Business Address

**WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING SEVEN DAYS OF RECEIPT OF AN
APPEAL. I HEREBY APPEAL:**

Signature

Date