

SULLIVAN COUNTY BOARD OF ELECTIONS

REQUEST FOR ACCESS TO PUBLIC RECORDS

PLEASE PRINT

Name: _____

Address: _____

_____/_____
(Zip Code)

Telephone # _____

Does applicant apply on own behalf? _____
(Yes) (No)

If **NO**, name and address of the person or organization on whose behalf applicant is acting.

Name: _____

Address: _____

_____/_____
(Zip Code)

Please list the records, determinations, minutes, rules or other documents you wish to examine or have copied. (**Photocopy charge: \$.25 per page, prepaid**).

<u>ITEM</u>	<u>DATE FILED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Note: The Agency has five (5) business days to comply with or reject this request.

Date: _____

Applicant's Signature

Applicant's Name (print)