

**REQUEST FOR ACCESS TO RECORDS
OF THE TOWN OF MACEDON, NEW YORK**

TO: Karrie Bowers
Town of Macedon
32 Main Street
Macedon, NY 14502

You are requested to provide me with (copies of) (access to for copying) the following records:

(Describe fully)

Prior to receipt of such copies, I agree to pay the fees required for copies pursuant to the resolution of the Town Board of the Town of Macedon adopted February 23, 1978.

Dated: _____

Signature

Address

Telephone _____