

STATE OF NEW YORK
STATE BOARD OF ELECTIONS

REQUEST FOR ACCESS TO OR COPYING OF PUBLIC RECORDS

Complete all of Section A (please print):

A. Name _____

Address _____

Telephone #: () _____ Applying on own behalf? Yes No

Name and address of person or organization on whose behalf applicant is acting:

Applicant's Signature _____

Date _____

B. I wish to examine the following documents:

Name	Office	District	Party
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

C. I wish to have the following documents copied:

(Photocopying charge of \$.25 per page must be prepaid)

Name	Office	District	Party
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Cost \$ _____

Receipt Number _____

Copied By _____

The Agency has 5 business days to reject or comply with this request.