

**MICHAEL C. BARTOLOTTI**

Putnam County Clerk  
Public Information Officer

**Application for Public Access to Records**

RESERVED FOR TIME STAMP

To: Records Access Officer

Putnam County Board of Elections

\_\_\_\_\_  
Name of Agency

25 Old Route 6, Carmel NY 10512

\_\_\_\_\_  
Address

**Please select one of the following:**

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)
Phone Number
Representing
Mailing Address
E-Mail Address

I REQUEST THAT THE AFOREMENTIONED RECORDS BE  
PROVIDED, IF POSSIBLE, IN ELECTRONIC FORMAT

**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.

Other – See Attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTICE:**

**YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE  
PUTNAM COUNTY EXECUTIVE WHO MUST FULLY EXPLAIN THE REASONS FOR SUCH DENIAL  
IN WRITING WITHIN SEVEN DAYS OF THE RECEIPT OF AN APPEAL.**

**I HEREBY APPEAL THE DENIAL OF THIS REQUEST:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REVISED MARCH 2015