

TOWN OF MILAN

Application For Public Access to Records

Date: _____

Time: _____

TO: Catherine M. Gill, Town Clerk, Town of Milan
20 Wilcox Circle, Milan, NY 12571

FROM:

Name of Individual

Name of Agency or Firm

ADDRESS:

PHONE#

FAX #

I hereby apply to:

inspect the following record and/or
receive a copy at \$.25/page

if available to the public. _____

Description of record requested:

Signature

Mailing address of applicant, if different from above:

