

**VILLAGE OF COLD SPRING**  
**85 Main Street**  
**Cold Spring, NY 10516**

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:

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DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
REPRESENTING

\_\_\_\_\_  
MAILING ADDRESS

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FOR AGENCY USE ONLY

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

Record of which this agency is Legal Custodian cannot be found \_\_\_\_\_ Record  
is not maintained by this Agency \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE DATE

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NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION. ALL  
APPEALS MUST BE IN WRITING AND ADDRESSED TO THE PERSON DENYING THE  
APPLICATION who must fully explain his/her reasons for such denial in writing within seven  
days after receipt of an appeal letter.

NAME BUSINESS ADDRESS

VILLAGE OF COLD SPRING 85 MAIN STREET, COLD SPRING, NY 10516

I HEREBY APPEAL:

\_\_\_\_\_  
SIGNATURE DATE