

**Albany County
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.	_____	_____	_____	_____

C. I wish to have _____ copies made of the following documents:

(Note: photocopies are provided at \$.25 per page)

1. _____
2. _____
3. _____
4. _____

(For Board use only)

Request Taken by Board Employee: _____ Date: _____

Request Approved by (Commissioners or Deputy Commissioners only): _____

Date

Notes: