

PUBLIC INFORMATION REQUEST County of Albany, N.Y. [Request # _____ - _____]

Return this form to: Albany County Clerk and Public Information Officer,
County Court House Room 128, 16 Eagle St., Albany, N.Y. 12207-1077. Telephone (518) 487-5110

I am interested in records in the possession of Albany County government regarding (describe):

(Please continue on reverse side or a separate sheet if necessary.)

I believe that these records are in the possession of the following County department(s):

- I wish to have access to these records (reserving the right to copies of any or all.)
- I wish to have copies made at 25¢ per (regular-sized) page, and agree to pay for these copies.
- I would like an estimate of the number of pages involved in the above request prior to any copies being made.

Signature: _____ Printed name: _____

Organization represented: _____

Mailing address: _____

Email address: _____

Phone number during the day: _____ Date: _____

-----For Records Officer Use Only-----

TIME STAMP

Sent to: _____

Date: _____ Response due: _____
