

**STATE OF NEW YORK
TOMPKINS COUNTY BOARD OF ELECTIONS
REQUEST FOR ACCESS TO PUBLIC RECORDS**

Please Print

Name: _____

Address: _____

Telephone: _____

Person/organization on whose behalf request is being made:

Name: _____

Address: _____

**Please list the records or other documents you wish to examine or have copied.
There is a 25¢ per page fee for copies.**

<u>ITEM</u>	<u>DATE FILED</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

NOTE: The Agency has 5 business days to comply with or reject this request.

NYS Election Law Sec 3-103(5) prohibits using information derived from voter registration records for non-election purposes

Date: _____

Signature: _____

Office Use Only		
Complied: _____	Rejects: _____	Date: _____
_____ x 25¢/page = \$ _____	PAID: cash _____	
(# pages)	check _____	