

Town of Onondaga
5020 Ball Road
Syracuse, NY 13215
Phone (315)469-1583
Fax (315)469-1549
Email lgoodwin@townofonondaga.com

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: _____

To: Lisa Goodwin, Records Access Officer

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may inspect the documents first and then request copies for \$.25 per page. Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Supervisor of the Town of Onondaga at the address listed above.

I wish to inspect the following documents:

I, the undersigned, certify that these documents will **not** be used for **commercial purposes, soliciting, fundraising, or passed on to others.**

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail Address _____

Office use only

Sent to Department: Date _____

_____ Assessor	_____ Clerk's Office	_____ Planning & Development
_____ Supervisor	_____ Tax Office	_____ Town Attorney
_____ Town Engineer	_____ Other	

