

**DUTCHESS COUNTY BOARD OF ELECTIONS  
REQUEST FOR ACCESS TO PUBLIC RECORDS**

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
(Zip Code)

Telephone No. (\_\_\_\_) \_\_\_\_\_

Does applicant apply on own behalf? \_\_\_\_\_  
(YES) (NO)

If **NO**, name and address of the person or organization on whose behalf applicant is acting.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
(Zip Code)

**Submit to:**

**Dutchess County  
Board of Elections  
112 Delafield Street  
Poughkeepsie, NY 12601**

**(845) 486-2473  
(845) 486-2483 - FAX**

PLEASE LIST THE DOCUMENTS YOU WISH TO EXAMINE OR HAVE COPIED  
**Photocopy charge: \$ .25 per page, prepaid.**

	<u>Item</u>	<u>Date filed</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

I attest that the information in this request will only be used for election purposes: \_\_\_\_\_  
Applicant's Initials

**Note: The Board of Elections has 5 business days to respond with or reject this request.**

Date: \_\_\_\_\_,20\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (print or type)

BOE MEMBER \_\_\_\_\_