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.

	Item	Date filed
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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

ATTESTATION:
NYS Election Law Sec 3-103(5) prohibits using information derived from voter registration records for non-election purposes. The applicant hereby requests access to the voter registration records requested, accepts and understands the conditions outlined above and certifies that they have a right of access to the records. Any person who knowingly and willfully violates this provision is guilty of a misdemeanor (EL SEC 17-168).

Date: _____,20____

_____
Applicant's Signature

_____
Applicant's Name **(print or type)**

BOE MEMBER_____