

Albany County Board of Elections

Request for Access to or Copying of Public Records

Complete All of Section A (Please Print or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Applying on own behalf? \_\_\_\_\_

Name and address of person or organization  
on whose behalf applicant is acting: \_\_\_\_\_

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

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Complete Section B (Please Print or type)

I wish to have copies made of the following documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to examine the following documents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For Board Use Only:

Request Taken by Board Employee: \_\_\_\_\_ Date \_\_\_\_\_

Request Fulfilled by: \_\_\_\_\_ Date \_\_\_\_\_

Request Approved by (Commissioner or Deputy Commissioner only):

\_\_\_\_\_ Date \_\_\_\_\_