

Albany County Board of Elections

REQUEST FOR ACCESS TO OR COPYING OF PUBLIC RECORDS

Complete all of section A (please print):

A. Name. _____

Address _____

Telephone #: () _____ Applying on own behalf? ____ Yes ____ No

Email address (If you wish to have documents emailed): _____

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

Applicant's Signature _____ Date _____

**B. I wish to have _____ copies made of the following documents:
(Please specify Party, District, type of list if applicable)**

1. _____

2. _____

3. _____

C. I wish to examine the following documents:

1. _____

2. _____

3. _____

(For Board use only)

Request Taken by Board Employee: _____ Date: _____

Request fulfilled by: _____ Date: _____

Request Approved by (Commissioners or Deputy Commissioners only):
_____ Date: _____