



4 Main Street Poughquag, NY 12570 www.townofbeekman.com (845) 724-5300

FREEDOM OF INFORMATION REQUEST

TO: Town of Beekman I hereby apply to inspect the following records: *Be as specific as possible* Parcel grid #: Print Name: Applicant Signature: _____ Email: _____ Applicant Address: Applicant Phone: ************************************** (OFFICE USE ONLY) Date Completed: Date Received: TITLE SIGNATURE Denied in Part Denied in Whole Approved Reason for Denial TITLE SIGNATURE NOTES: ____

A person denied access has the right to appeal. Please note that requests for appeals must be made in writing within 30 days of the denial to the Appeals Officer, who is the Finance Commissioner. Mail your request to:

Town of Beekman 4 Main Street Poughquag, NY 12570