## New York State Senate Request to Inspect and/or for Copies of Senate Records

To Records Access Officer: (See pages 6 & 7 of Rules and Regulations for list of available records and title of appropriate records access oficer)

Socrevar G Name and/or Title

Address

## For Inspection of Records Only, Without Copies

I hereby request authorization to inspect eachof the following records under your custody (identify specifically by record name, content, committee, date, etc.):

(Attach additional sheets if necessary)

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For Copies of Records Only, Without Prior Inspection I hereby request a copy(s) of each of the following records under your custody (identify specifically by record name, content, committee, date, etc.) 0 112 If fee is required, please advise me of the amount or Fee enclosed \$ (Attach additional sheets if necessary)

(Please complete reverse side)

1/12/0 Date\_\_\_ Signature Cong Lage 270no K '4Q Print Name Mailing Address : BAX 69 White Plains 10605-Telephone: If request is made on behalf of an organization, please specify--Name: Certo or Sodicial Address: Acan Ags. I.t. 1 ho Telephone: 914-421-1200 Senate Use Only Received by: Date received: Referred to: Notification of fee required: Date fee received: Date records transmitted: