

# Town of Fallsburg Freedom of Information Request Form

Town Clerk's Office, PO Box 2019, South Fallsburg, NY 12779

DATE: \_\_\_\_\_

Name & Address of Requestor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

DEPARTMENT FOR WHICH REQUEST IS INTENDED: \_\_\_\_\_

Under the provisions of the New York State Freedom of Information Law, Article 6 of the Public Officers Law. The Above hereby named, hereby requests records or portions thereof as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I WISH TO :

HAVE COPIES ( )

VIEW ONLY ( )

SPEAK WITH SOMEONE ( )

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FOR AGENCY USE ONLY

APPROVED ( )

DENIED ( ) \$ .25 cents per page = \$ \_\_\_\_\_ Total due

Freedom of Information Response attached...

Signature: \_\_\_\_\_ Date: \_\_\_\_\_