

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 ()

FOR AGENCY USE ONLY

APPROVED ()

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

Freedom of Information Response attached...

Signature: _____ Date: _____