

TOWN OF BROADALBIN

Office of the Town Clerk

201 Union Mills Rd
PO Box 548
Broadalbin NY 12025-0548
Phone: (518) 883-4657

FOIL REQUEST FORM

Under the provisions of the New York State Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request a copy of records or portions thereof pertaining to (or containing the following);

Identify/describe the records and provide all relevant information and include dates of records if possible.

I understand there is a fee of \$.25 for duplication of the records requested. (If the fee exceeds ten dollars (\$10.00), please contact me before duplicating the records.

As you know, the Freedom of Information Law requires that an agency respond to a request within five (5) business days of receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

Sincerely,

Name: _____

Address: _____

Phone: _____

Date: _____