

TOWN OF CLAVERACK

FREEDOM OF INFORMATION LAW REQUEST FORM

PURSUANT TO NEW YORK STATE PUBLIC OFFICERS LAW, ARTICLE 6 AND REGULATIONS ADOPTED BY THE TOWN OF CLAVERACK WITH RESPECT TO PUBLIC ACCESS TO RECORDS

I, _____, having a mailing address for correspondence
(Name)
pursuant to this request of _____,
(Address)

and a telephone number where I may be reached with respect to this request of _____,
(Telephone Number), hereby request the following records from the

the Town _____, for the Town of Claverack:

- | | | |
|--------|--------------------------|--------------------------------------|
| | Town Clerk | Highway Superintendent |
| Select | Planning Board Secretary | Chief Assessor |
| One | Zoning Board Secretary | Chairman, Board of Assessment Review |
| | Building Inspector | |

[TO THE PERSON REQUESTING ANY RECORDS FROM THE TOWN OF CLAVERACK, PLEASE NOTE THAT THE RECORDS REQUESTED MUST BE REASONABLY SPECIFIC TO PERMIT THE KEEPER OF SUCH RECORDS TO RETRIEVE THE SAME IF THEY ARE IN THE TOWN'S POSSESSION.]

Dated: _____

(Signature of Requestor)

[Print Name of Requestor]

FOR TOWN USE ONLY:

Date Freedom of Information Law Request Received: _____

Person Receiving Freedom of Information Law Request: _____

Freedom of Information Law Request Granted: []

Date Information Supplied: _____

Freedom of Information Law Request Denied: []

Reasons for denial

Signature of Records Access Officer

Print Name of Records Access Officer