

“Freedom of Information” Request Letter

Town of Fishkill, Town Clerk
807 Rte 52
Fishkill, NY 12524

Dear Records Access Officer:

Under the provisions of the New York Freedom of Information law, Article 6 of the Public Officers law, I hereby request records or portions thereof pertaining to: _____

(Attempt to identify the records in which you are interested as clearly as possible on the attached Request Form).

- If there are any fees for copying the records requested, please inform me before filing the request (or please supply the records without informing me if the fees are not in the excess of _____. In addition, if the length of time to compile this FOIL exceeds two hours, a fee will be charged equal to the hourly salary attributed to the lowest paid employee who has the necessary skill required to prepare a copy of the requested records. Chapter 223, subdivision 1, section 87 paragraph C, i of the public officer’s law amended 2008.

As you know, the Freedom of Information Law requires that an agency respond to a requesting 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,

Signature of Requestor

Name of Requestor (please print)

Mailing Address

City/Town/Village

State

Zip Code

REQUEST FOR COPY OF RECORDS(S) IN THE CUSTODY OF THE TOWN OF FISHKILL

(Please print all requested information to the best of your ability)

Description of record requested:

Name of Department in which record(s) (or file(s)) may be found:

Number of pages to be copied: _____

(Fee to be charged is twenty-five cents per page.) *Please see page 1 for further charges assessed.*

Name of Requestor: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail address: _____

(Response will be sent electronically when possible.)

Date of Request: _____