

TOWN OF HIGHLAND

Town Hall
PO Box 138
Eldred, NY 12732
FOIL@townofhighlandny.com



FREEDOM OF INFORMATION REQUEST
“FOIL” Request - Public Access to Records

Name: _____
Address: _____ _____
Cell Phone _____ Home/Work _____
E-mail: _____

Description of Documents

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: *(identify the records in which you are interested as clearly as possible)*:

Requested Response Format – please choose one of the following:

- Email Copies
- Paper Copies – If fees apply, contact me if costs are more than \$ _____
- Personal Inspection

I understand the Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request. If for any reason any portion of the request is denied, I will be notified in writing and be provided with the name and address of the person or body to whom an appeal should be directed.

Signature

Date