

Date Received by Office: _____

Initials: _____

TOWN OF HIGHLAND

FOIL OFFICER

Foil@townofhighlandny.com

FREEDOM OF INFORMATION REQUEST

Date: _____

Request/Dept. _____

Paper/print copies: () OR Digital copies via email: ()

Email

Print copies are payable to the Town of Highland @ .25 per copy. Indicate how many copies you need.

Information requested by _____

I _____ will not use the lists of name and addresses provided to me in response to my Freedom of Information Law (FOIL) request for solicitation or fund-raising purposes and will not sell, give or otherwise make available such lists of names and address to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation for fund-raising purposes

Information will be supplied within a reasonable time according to law. Portion below for office use only.

Request # _____

Request Granted ()

Request Denied ()

Reason _____

If access of records has been denied, you may appeal to the Supervisor of the Town of Highland, there is a form with the office of the Town Clerk.