

TOWN OF HIGHLAND  
TOWN CLERK/RECORDS MANAGEMENT OFFICER  
PO BOX 138 ELDRED NY12732  
845-557-6085  
[townclerk@townofhighlandny.com](mailto:townclerk@townofhighlandny.com)

FREEDOM OF INFORMATION REQUEST

Date \_\_\_\_\_

Department \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies \_\_\_\_\_

Charge payable to the Town Clerk @ .25 per copy

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.

Request # \_\_\_\_\_

Request Granted ( )

Request Denied ( )

Reason  
\_\_\_\_\_  
\_\_\_\_\_

If access of records has been denied you may appeal to the Supervisor of the Town of Highland, you may obtain a form from the Town Clerk.