

# FOIL REQUEST

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Marion L Bowhall**  
**Town Clerk**  
**1227 US Highway 11**  
**Gouverneur NY 13642**

Dear Marion:

Under the **New York Freedom of Information Law, N.Y. Pub. Off. Law sec. 84 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$ 0.00 . This information is not being sought for commercial purposes.

The New York Freedom of Information Law requires a response time of five business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Phone: \_\_\_\_\_