

**Records Access Officer**

The Town Clerk is responsible for all Freedom of Information requests (FOIL). Fees are \$.25 per copy. We encourage you to speak to the department you are querying first to be sure a FOIL request is necessary.)

FOIL Request form:

**TOWN OF SHAWANGUNK**  
**PO BOX 247 WALLKILL, NY 12589**  
**845-895-2611**

**REQUEST FOR OFFICIAL COPIES**

In accordance with the FREEDOM OF INFORMATION LAW,

I, \_\_\_\_\_, hereby request copies of the following Town of Shawangunk records:

GOVERNMENT UNIT / DEPARTMENT \_\_\_\_\_

DESCRIPTION OF RECORD(S) BEING REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the Town has five days in which to advise whether or not these requested records are available. I further understand that there is a fee of .25 cents per copy.

Signature: \_\_\_\_\_

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

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

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

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

THIS REQUEST IS HEREBY AUTHORIZED: \_\_\_\_\_

THIS REQUEST IS HEREBY DENIED BECAUSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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