

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
14 CENTRAL AVENUE - P.O. 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 Town of Shawangunk records:

GOVERNMENT UNIT/DEPARTMENT: _____

DESCRIPTION OF RECORD(S) BEING REQUESTED: _____

I understand that the Town has five (5) days in which to advise whether or not these requested records are available. I further understand that there is a fee of \$.25 per copy.

Signature _____ Date _____

Phone Number: _____ Cell phone: _____

Email address: _____

THIS REQUEST IS HEREBY AUTHORIZED: _____

THIS REQUEST IS HEREBY DENIED BECAUSE: _____

Signature _____

Date: _____