

Town of Hammond

17 Main Street
Hammond, NY 13646
315-324-5321

Name of Entity: **Town of Hammond**
Address: **17 North Main Street**
City, State, Zip Code: **Hammond, New York 13646**

Re: **Freedom of Information
Law Request**
Records Access Officer:

Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to (of containing the following)_____

_____ (attempt to indentify the records in which you are interested as clearly as possible). If my request appears to be extensive or fails to reasonably describe the records, please contact me in writing or by phone at _____.

If there are any fees for copying the records requested, please inform me before filling the request (or: ...please supply the records without informing me if the fees are not in excess of \$_____).

As you know, the Freedom of Information Law requires that an agency respond to a request within five business days of receipt of the request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly. If for some reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

Sincerely,
Signature: _____
Name: _____
Address: _____
City, State, and ZIP Code: _____
Phone: _____
E-mail: _____