

Town of Hammond
COUNTY OF ST. LAWRENCE
PO BOX 219 HAMMOND, NY 13646
PHONE 315/324.5321 FAX 315/324.5302

REQUEST FOR RECORDS FORM
(under Freedom of Information Law)

NAME(S): _____

ADDRESS: _____

TEL. # _____

EMAIL: _____

FOR OFFICE USE ONLY:

Date Rec'd: _____

Date Supplied: _____

How it was Supplied: _____

HOW YOU WOULD LIKE INFO PROVIDED: **email** or **fax** or **hardcopy** (\$.25 per page).

Please inform me before filling the request if the fees exceed \$_____.

“Within five (5) business days of the receipt of a written request for a record reasonably described, the agency must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgment of receipt of the request and a statement of the approximate date when the request will be granted or denied.”

Person(s) requesting records should supply the following information: date(s); title(s); file designations, or any other information that will help find requested records:

If denied, reason for denial:

Signature of Requester _____ Date _____