

Town of Hammond

COUNTY OF ST. LAWRENCE

PO BOX 219/21 S Main St., 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** (\$0.25 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:

(If any or all of the request is denied, the body to appeal is the Hammond Town Board, 21 S Main St. Hammond, NY 13646).

Signature of Requester _____ Date _____