F.O.I.L. FORM

Requesting Access Officer: <u>VILLAGE CLERK</u>

Date of Request:_____
Name of Agency: *VILLAGE OF GOUVERNEUR*
Address of Agency: *33 Clinton Street*
City, State, Zip Code: *Gouverneur, NY 13642*

RE: Freedom of Information
Law Request

Records Access Officer:
    Under the provisions of the New York Freedom of Information Law, I hereby request records or portions thereof pertaining
to _____

_____

_____ (attempt
to identify the records in which you are interested as clearly as possible).

    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, and then they must produce disclosable records within another 20 business days of the receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly. If for any 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.

Thank You,

SIGNATURE_____

NAME (print)_____

ADDRESS_____

CITY, STATE, ZIP_____

CONTACT PHONE NUMBER_____