

**FREEDOM OF INFORMATION LAW (FOIL)
REQUEST FORM**

STATE OF NEW YORK
COUNTY OF JEFFERSON
TOWN OF HOUNSFIELD
18774 COUNTY ROUTE 66
WATERTOWN, NY 13601

Application for Public Access To Records

Name: _____ Daytime Telephone: _____
Firm/Organization: _____ Email Address: _____
Mailing Address: _____ Date of Request (mm/dd/yyyy): _____

→ PLEASE SUBMIT A SEPARATE REQUEST FOR EACH DEPARTMENT.

I hereby apply to inspect records relating to the following:

Organization's Name: _____
Organization's Address: _____
NYS Registration number, if known: ____ - ____ - ____
Federal Employer Identification Number (EIN), if known: ____ - ____ - ____

I want to inspect the legally available portions of the following records:

* * * * *

How do you wish to review the documents?

- ☐ I want an appointment to review the documents in the office of the Town Clerk.
Please advise me when the documents are available for review.
(Copies will not be available immediately.)
- ☐ I want the requested documents emailed to me at the following address: _____
(There is a \$.25 per page charge for documents sent by email. The documents will be sent as
Microsoft Word .doc attachments. Your email must be capable of receiving large file attachments.)
- ☐ I want the requested documents mailed to me. I understand that I will be billed for copying
charges, **postage** and will not receive the documents until I have paid my bill.
(There is a charge of \$0.25 for each additional page.)

Submit completed form to address above.