



ALEX MORGIA
Mayor

MARGARET E. KELLY
Clerk

SHANNON MASON
Treasurer

ERIKA RAUCH
Deputy Clerk

Village of Sackets Harbor
112 North Broad Street
PO Box 335
Sackets Harbor, New York 13685
Tel: 315-646-3548
Fax: 315-646-1201
TDD 1-800-662-1220

MARK PACILIO
Deputy Mayor

RONALD MILDREN
Trustee

KELLY SOVA
Trustee

GREGG TOWNSEND
Trustee

Re: Freedom of Information Law Request 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
(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

_____ 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 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.

Sincerely,

Signature

Name _____ Telephone No.: _____

Address _____

City, State, Zip _____

Date _____ Email: _____