TOWN OF CLIFTON PARK
1 TOWN HALL PLAZA
CLIFTON PARK, NY 12065
(518) 371-6681
FAX: (518) 383-5088

Date: _____

Records Access Officer
Town of Clifton Park
Clifton Park, NY 12065

Re: Freedom of Information Law Request

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please inform me of the fees for copying the records. As you know, the Freedom of Information Law requires that an agency respond to a request within five (5) business days of receipt of request, therefore, I would appreciate a response as soon as possible.

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.

Signature _____
Print Name _____
Address _____
Telephone _____