TOWN OF WATSON

6971 Number Four Rd, Lowville, NY, 13367

Tel: (315) 376-3866 Ext 3

Freedom of Information Law (FOIL) Request Form

This form is to be used by all persons making a request for information and/or records from the Town of Watson pursuant to the New York State Freedom of Information Law.

NAME:_____

PHONE: _____

ADDRESS: _____

DEPARTMENT INFORMATION IS BEING REQUESTED FROM:

_____

PLEASE INDICATE BELOW THE RECORD (S) YOU ARE REQUESTING INCLUDING RELEVANT DATES, NAMES, FILE TYPE,
ETC._____
_____
_____
_____
_____

1. **PLEASE BE AWARE THAT THE FREEDOM OF INFORMATION LAW OF NEW YORK STATE ALLOWS A MUNICIPALITY TO TAKE UP TO FIVE (5) BUSINESS DAYS TO ACKNOWLEDGE YOUR REQUEST. THE PRODUCTION OF CERTAIN RECORDS MAY REQUIRE ADDITIONAL TIME. ALL REQUESTS MAY BE PICKED UP AT THIS OFFICE. TO INQUIRE ABOUT A REQUEST, YOU MAY CONTACT THIS OFFICE AT 315-348-8708.**
2. **THE STATUATORY FEE WHICH THE TOWN WILL CHARGE IS $.25 PER 8 ½" BY 11" PHOTOCOPIED PAGE AND/OR THE ACTUAL COST OF REPRODUCTION OF CERTAIN OTHER MATERIALS AND RECORDS.**
3. **SHOULD YOU NEED TO MAKE A REQUEST, YOU CAN DO SO IN WRITING AND MAIL IT TO THE TOWN OF WATSON, ATTN: Records Access Officer,6971 Number Four Rd, Lowville, NY, 13367**

-OVER-

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.

_____

SIGNATURE

****DEPARTMENT USE ONLY****

_____ APPROVED **_____ DENIED**

BY:_____

_____ PAGES ATTACHED

IF REQUET IS DENIED, ATTACH OR NOTE REASON FOR DENIAL OF ABOVE