FOIL REQUEST

Records Access Officer
Town of Sand Lake
P. O. Box 273
Sand Lake, NY 12153

Dear Records Access Officer:

Under the provisions of the New Yok Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to (or containing the following): _____

Attempt to identify the records in which you are interested as clearly as possible

If my request appears to be extensive or fails to reasonably describe the records or if the fees will exceed $_____, please contact me.

I understand that there is a fee of $0.25 per page for duplication of records up to 9x14 inches. Staff time for processing digital requests is charged at the rate of $19.48 per hour.

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_____Date:_____

Name_____

Address_____

DO NOT WRITE BELOW THIS LINE

Date provided:_____ Time_____ Cost _____

Signature FOIL Officer _____