

Town of Caroga
Records Management Officer
Linda M. Gilbert
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Caroga Lake NY 12032-0328
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FAX (518) 835-4037

Return this document to the
Records Management Officer
Linda M. Gilbert

REQUEST FOR RECORDS

Sec. 89 (3) of the F.O.I. Law

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

Records Requested: Please describe the record in which you are interested as completely as possible. Supply dates, titles, etc., or any information that will help us locate the record.

* I hereby acknowledge and swear that per Section 89 Paragraph 2 Subsection iii of the Freedom of Information Law, *I shall not use information obtained from the Town of Caroga for commercial or fund-raising purposes.*

*Signature

This agency has five business days to respond to this written request for records.

FEE: \$.25 per page

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