

**Town of Caroga Records Management Officer**  
**Linda M. Gilbert**  
**P.O. Box 328 ~1840 State Highway #10**  
**Caroga Lake NY 12032-0328**  
**(518) 835-4211 Ext. 101 FAX (518) 835-4037**  
**townclerk@caroga.town**

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 am requesting the documents electronically – email address \_\_\_\_\_

\_\_\_\_\_ I am requesting to look at/review documents on file in the Town of Caroga

\_\_\_\_\_ I am requesting copies of documents. \$0.25 per page up to 8.5 x 14. Larger document will be the cost to reproduce and the applicant will be informed of the estimated cost. Section 87 (1) (iv)

\_\_\_\_\_  
Signature

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

FEE: \$ .25 per page

**FOR OFFICE USE ONLY**

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Notes: \_\_\_\_\_

09/23