



**VILLAGE OF SAUGERTIES**  
43 PARTITION STREET SAUGERTIES, N.Y. 12477  
PHONE: 845-246-2321 FAX: 845-246-0887

**Freedom of Information Law  
Records Request**

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**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 THAT WHICH I HAVE REASONABLY DESCRIBED BELOW.**

Describe the records you are requesting. Please include as much detail as possible regarding department, titles, dates, and any other information that may assist in locating the records.

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**Method of Review**

I would like to schedule a time to review the records I am requesting.

I would like to request documents sent to me by:

Address on application     E-mail     Fax

**Fees**

I understand that any fees associated with obtaining copies must be paid before disclosure.  
Photocopies – Letter size - .25¢ per copy    Oversized documents – based on size

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_