



Susan Baldwin
Town Clerk
518-587-1939 ext. 601
FAX 518-587-2837

TOWN OF WILTON

***ACCESS TO TOWN RECORDS UNDER THE
FREEDOM OF INFORMATION LAW***

FOIL REQUEST FORM

The Freedom of Information Law requires that we take one of the following actions within five (5) business days of receipt of your request for records (the day the request is received and Saturdays, Sundays & holidays are not counted in calculating the five (5) business days):

1. Make the records available to you: or
2. Acknowledge that we received your request and give you an approximate date when your request will be granted or denied: or
3. Deny your request in writing with the reason(s) for denial. You may appeal within thirty (30) days of the denial date. The appeal procedure is attached.

The charge for photocopies is \$.25 cents per page (for paper up to 9x14) in black & white. If copies must be produced off-site, you will be charged for the reproduction cost. If copies are mailed to you, you will be charged for the postage. Fees are payable prior to receipt of the record(s) requested. Please make checks payable to "Wilton Town Clerk"

I have read and I understand the preceding information concerning access to town records.

Under the provisions of the New York Freedom of Information Law, Art. 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to the following:
Please identify the records as clearly as possible and attach additional sheets if necessary.

NAME _____

FIRM OR ORGANIZATION YOU
REPRESENT: _____

ADDRESS: _____

TELEPHONE#: _____ FAX#: _____ DATE: _____

EMAIL: _____

Updated 06/04/15