



Town of Kingsbury

PHONE: 518-747-2188
FAX: 518-747-9115

REQUEST FORM

FREEDOM OF INFORMATION LAW (F.O.I.L.)

DATE: _____

REQUESTER NAME (print): _____

PHONE NUMBER: _____ EMAIL: _____

RECORDS REQUESTED: _____

FEE: The Town will charge \$0.50 per 8 ½"x 11" page and/or the actual cost of reproduction of certain other materials and records.

When the Town receives a request, the Clerk has five (5) business days to acknowledge or deny the request and twenty (20) additional business days to comply.

Signature of Requester

Town Clerk's Office Use ONLY

Date Received: _____
Received by: _____

___ Approved ___ Denied
By: _____
___ Pages attached
**If request is denied, see attached and/or note the reason for denial.