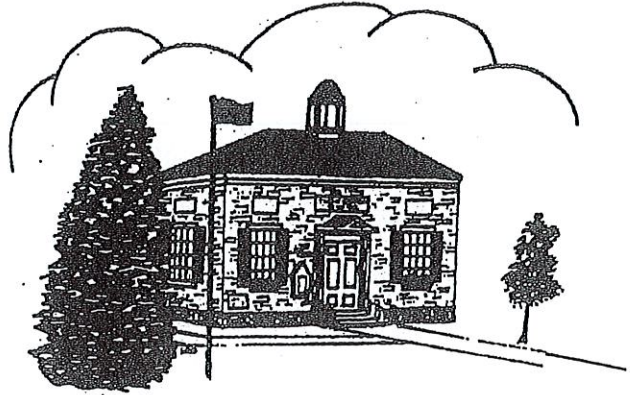


Town of Greenfield

FOUNDED 1793



TOWN HALL
P.O. BOX 10
GREENFIELD CENTER, NY 12833
PHONE (518) 893-7432
FAX (518) 893-2460

Date _____

Records Access Officer
Town of Greenfield
P.O. Box 10
Greenfield Center, NY 12833

RE: Freedom of Information Law Request

Dear Records Access Officer:

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portion thereof pertaining to _____

_____ (attempt to identify the records in which you are interested as clearly as possible).

If there are any fees for copying the records requested, _____ please inform me before filling the request
_____ please supply the records without informing me if the fees are not in excess of \$ _____.

As you know, the Freedom of Information Law requires that any agency respond to a request within five business days of receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

Sincerely,

Name _____

Address _____

Phone _____