

# TOWN OF PERRYSBURG

P.O. Box 250

Perrysburg, N.Y. 14129

PHONE & FAX 716-532-4090

townclerk@townofperrysburgny.org

Date: \_\_\_\_\_

Under the provisions of the NY Freedom of Information Law, I hereby request a copy of the following record:

\_\_\_\_\_

\_\_\_\_\_

I understand there is a fee of \$.25 per page for duplication of the records requested.

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

Sincerely,

Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_