

*Town of Hammond*  
COUNTY OF ST. LAWRENCE  
PO BOX 219 HAMMOND, NY 13646  
PHONE 315/324.5321 FAX 315/324.5302

**REQUEST FOR RECORDS FORM**  
**(under Freedom of Information Law)**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. # \_\_\_\_\_

EMAIL: \_\_\_\_\_

FOR OFFICE USE ONLY:

Date Rec'd: \_\_\_\_\_

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

How it was Supplied: \_\_\_\_\_

\_\_\_\_\_

HOW YOU WOULD LIKE INFO PROVIDED: email or fax or hardcopy (a fee of \$.25 per page is required.)

If the request is for audio, the requester needs to supply a memory storage device for the information transfer.

Please inform me before filling the request if the fees are in excess of \$\_\_\_\_\_.

Within five (5) business days of the receipt of a written request for a record reasonably described, the agency must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgment of receipt of the request and a statement of the approximate date when the request will be granted or denied.

Person(s) requesting records should supply the following information: date(s); title(s); file designations, or any other information that will help to find requested records:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If denied, reason for denial:

\_\_\_\_\_

\_\_\_\_\_

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_