



TOWN *of* CLAY

4401 State Route 31
Clay, NY 13041

Phone: (315) 652-3800
Fax: (315) 622-7259

FREEDOM OF INFORMATION LAW REQUEST FORM

Date: _____

To: Jill Hageman-Clark, Town of Clay, Town Clerk

Instructions: Identify the records you are interested in as clearly as possible. When applicable please indicate the property address and/or tax ID number. You may make an appointment to inspect the documents first and request copies at \$.25 per page. Any person may appeal within 30 days to the Supervisor of the Town of Clay at the address listed above.

I wish to inspect the following documents (*please be specific*):

AFFIRMATION:

I, the undersigned affirm that the requested records WILL NOT be used for solicitation or commercial and/or fundraising purposes.

Signature: _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Phone/Email: _____

Office Use Only

Date sent to Department: _____

_____ Assessor	_____ Clerks Office	_____ Planning & Development
_____ Supervisor	_____ Tax Office	_____ Town Attorney
_____ Highway	_____ Finance	_____ Other: _____