TOWN OF DELAWARE
104 Main Street, PO Box 129
Hortonville, New York 12745
Phone: 845/887-5250 FAX: 845/887-5228

FREEDOM OF INFORMATION LAW (FOIL) REQUEST

TO: Records Access Officer Date: ____________________

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

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Name: ______________________________
(Please Print)
Signature: ______________________________
Address: ______________________________
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Phone: ______________________________

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FOR AGENCY USE ONLY

Approved: ____________________ Date: _________________________
# of copies ____________
Denied (state reason): ____
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Any person denied access to records may appeal the denial within 30 days of the denial. Such appeals should be addressed to the Town Supervisor at the above address.