VILLAGE OF HUDSON FALLS FREEDOM OF INFORMATION ACT REQUEST FORM

То:	Village Clerk Village of Hudson Falls 220 Main Street Hudson Falls, NY 12839	From: Business: Phone: Address:
	l,	do hereby request the following:

Attach additional pages if necessary.

Please print clearly and be specific in your request. Inadequate information may affect the results of your request. No attempt will be made from this office to request additional information to clarify your request.

The Village charges a fee of 25 cents for each copy; additional charges may apply for documents larger than $9'' \times 14''$ or for photographs, mapes, tapes, ect.

The Village may charge the cost of reproducing such item in paper form or electronically.

If you are unable to pick up the requested copies from Village Hall, you will also be responsible for the cost of postage. All payments must be received prior to the release of information.

Your initial request will be responded to within five business days, from the date this form is received by our office.

Signature

Date

Date received by Village of Hudson Falls