



Village of Fishkill

RECORDS REQUEST (FOIL)

I HEREBY REQUEST TO RECEIVE/REVIEW THE FOLLOWING RECORDS:

I certify that the information requested will not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy as same as is defined and delineated by the terms and provisions of Article 6 (Freedom of Information Law) of the Public Officers Law of New York State, and I further agree to indemnify and hold the Village of Fishkill harmless from any claim arising from any such unsanctioned use of the information requested.

Print Name _____ Date _____

Mailing Address _____

Telephone Number _____ Copies requested? Yes No

Preferred contact: Phone _____ Mail _____ Email _____
EMAIL ADDRESS

Signature _____

FOR DEPARTMENT USE ONLY

Responded _____
Completed _____
Denied _____ Reason for Denial _____

Number of pages to be copied _____ @ 0.25 \$ _____ Paid _____

Signature _____ Title _____ Date _____

Sent to Department _____ Date: _____

ALL REQUESTS MUST BE FILED W/VILLAGE CLERK UPON COMPLETION

Van Wyck Hall
1095 Main Street
Fishkill, New York 12524
Phone: 845-897-4430; Fax: 845-897-5301
Email: clerk@vofishkill.com
Website: www.vofishkill.us