

DONNA AKERLEY

Town Clerk, Registrar  
Tax Collector  
and Marriage Officer

www.townoffallsburg.com



TOWN CLERK'S OFFICE  
TOWN OF FALLSBURG

P.O. Box 2019  
19 Railroad Plaza  
South Fallsburg, New York 12779  
Phone: (845) 434-8810 Ext. 1  
Fax: (845) 434-8809

*\*\* Consider this document your written acknowledgement receipt for your request \*\**

# Town of Fallsburg Freedom of Information Request Form

Town Clerk's Office, PO Box 2019, 19 Railroad Plaza, South Fallsburg, NY 12779

Name & Address of Petitioner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PHONE # \_\_\_\_\_

Email Address: \_\_\_\_\_

*Under Penalty of Law, I affirm that this request of documents  
will not be used for commercial purposes, marketing or financial gains.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT FOR WHICH REQUEST IS INTENDED: \_\_\_\_\_

*Under the provisions of the New York State Freedom of Information Law, Article 6 of the Public Officers Law. The above hereby named, hereby requests records or portions thereof as follows: (Be as specific as possible - We will not be able to fulfill your request if it does not have the details necessary for our search)*

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\*\*\*\*\* TOWN OF FALLSBURG CLERK'S OFFICE USE BELOW \*\*\*\*\*

We are in receipt of your request and will be contacting you with our findings. Your request may be fulfilled completely or in part within:

\_\_\_\_\_ 10 Days / \_\_\_\_\_ 20 Days

Town Clerk's Office Signature: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_