

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: _____

SBL# (Section, Block & Lot) if applicable _____

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)*

******* 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:** _____