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TOWN OF FALLSBURG
P.O. Box 2019, 19 Railroad Avenue
South Fallsburg, NY 12779
(P) 845-434-8810 Ext. 316

❖ Consider this document the written acknowledgment receipt of your request ❖

TOWN OF FALLSBURG FREEDOM OF INFORMATION REQUEST FORM

Town Clerk's Office, P.O. Box 2019, 19 Railroad Plaza, South Fallsburg, NY 12779

Name of Petitioner: _____

Address of Petitioner: _____

Phone # of Petitioner: _____

Email of Petitioner: _____

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

Signature of Petitioner: _____ 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 Officer's 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: _____