



FREEDOM OF INFORMATION LAW REQUEST FORM

TOWN OF SHERIDAN: P.O. BOX 116, SHERIDAN, NEW YORK 14135

REBECCA SCHAFER, TOWN CLERK

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NAME OF APPLICANT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DOES APPLICANT APPLY ON OWN BEHALF? YES _____ NO _____ IF NO, PLEASE EXPLAIN: _____

IF NO, NAME AND ADDRESS OF PRINCIPAL (IF APPLICATION MADE BY AGENT, ETC.)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PLEASE LIST THE RECORDS YOU WISH TO EXAMINE PLEASE BE AS SPECIFIC AS POSSIBLE		APPROXIMATE DATE/YEAR DOCUMENTS WERE FILED	HOW WOULD YOU LIKE TO RECEIVE INFORMATION?	
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- I acknowledge that this request is not to be utilized for any unlawful purpose or the use, directly or indirectly, in the solicitation of the official or employee for political, charitable or business purposes.

SIGNATURE OF APPLICANT: _____

CONFIRMED BY PHOTO ID: _____