

FREEDOM OF INFORMATION REQUEST FORM

OLEAN TOWN HALL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Under the Freedom of Information Act (FOIA), I am requesting the ☐ Review or ☐ Reproduction of the following files:

- Review: Please contact the Town Clerk at (716) 373-0582 to make an appointment for review.
- Reproduction: Copy @ .25 cents per copy

Requested Documents: Please be specific about the documents you are requesting.

---

---

---

---

---

---

☐ Please mail copied documents to the address below

☐ I will pick up copied documents. Please contact me when ready.

Mail Request to: Olean Town Clerk, 2634 Rt 16N, Olean, NY 14760