

**Jo-Ann Dyckman, Records Access Officer
Town of Cortlandt
1 Heady Street
Cortlandt Manor, N.Y. 10567
Fax # (914) 734-1102**

FREEDOM OF INFORMATION REQUEST

***Freedom of Information requests are pursuant to the N.Y. State Freedom of Information law,
Article 6 of the Public Officers Law.***

**There will be a charge for copies in accordance with New York State Law.

If any portion of the request is denied, said denial can be appealed by addressing the Town Supervisor in writing. The address: Town Supervisor
1 Heady Street
Cortlandt Manor, N.Y. 10567

INFORMATION REQUESTED: Identify and describe the records you are requesting as clearly as possible

please check one:

- I wish to have copies of the above
- I would like to review said documents

sign name

print name

address

phone#

date

Internal Agency Use Only

Referred to _____ on _____

For response to Town Clerk no later than _____.

IF INFORMATION IS AVAILABLE, PLEASE INDICATE NO. OF PAGES AND WHEN SAID REQUEST WILL BE AVAILABLE.

**** PLEASE SIGN AND DATE.**

Available yes _____
of pages _____
date available _____

sign

date

IF INFORMATION IS DENIED, PLEASE INDICATE REASON FOR DENIAL.

****PLEASE SIGN AND DATE.**

REASON FOR DENIAL:

sign

date

Received by Town Clerk on _____

