



TOWN OF LINCOLN

FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

6886 Tuttle Road, Canastota, NY 13032 | Phone: (315) 697-8837

Email: lincolnnycclerk@gmail.com

Date of Request: _____

Requester Information

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Description of Records Requested

Please clearly describe the records you are requesting. Be as specific as possible, including names, dates, file types, departments, or subject matter involved:

Time Period of Records Requested

From (MM/DD/YYYY): _____ To (MM/DD/YYYY): _____

Preferred Access Method

☐ Email Copies ☐ Paper Copies ☐ On-Site Inspection

Certification

I certify that the information provided above is true to the best of my knowledge. I understand that any applicable fees for reproduction or mailing may apply.

Signature: _____

Date: _____

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For Office Use Only

Date Received: _____

Received By: _____

Response Due Date: _____

Date Fulfilled: _____

Notes:
