



Town of Triangle  
2612 Liberty Street P O Box 289 Whitney Point New York 13862  
Phone (607) 692-4332 Fax: (607) 692-3691

### FREEDOM OF INFORMATION REQUEST

I, \_\_\_\_\_ request \_\_\_\_\_ copy/copies of the following records from the Town of Triangle.

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for the following reason:

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I understand that each page photocopied will cost me \$.25 and that the Freedom of Information Officer will have 5 business days after receipt of this request to respond. The agency may make the record available to the individual, deny the request in whole or in part and provide reason for the denial in writing, or furnish a written acknowledge of the receipt of the request and a statement of the approximate date when the request will be granted or denied. That date cannot exceed 30 days from the date of acknowledgment.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Request received by (name) \_\_\_\_\_ Date: \_\_\_\_\_

Copies delivered to person requesting them on (date) \_\_\_\_\_ by  
(name) \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_