

Town of Owego  
2354 State Route 434  
Apalachin, NY 13732  
607-687-0123 Ext.2  
Fax: 607-687-6381

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

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to (or containing the following): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use back of form for additional space.  
(attempt to identify the records in which you are interested as clearly as possible.)

\_\_\_\_\_  
Print name Signature

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

\_\_\_\_\_  
City State Zip

Telephone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer Date