



**TOWN OF GROTON
FREEDOM OF INFORMATION REQUEST**

Records Access Officer:
April L. Scheffler, RMC
PO Box 36, Groton, NY 13073
Located at: 101 Conger Boulevard
Phone: 607-898-5035 Fax: 607-898-3086
Email: townclerk@grotontown.com

Date _____

Print Name _____ Sign Name _____

Phone _____ Email _____

Mailing Address _____

I hereby request to inspect or obtain a copy of the following records:

Check one: I request the records be provided electronically
 I request the records be provided on CD or tape. (There will be a charge for the medium)
 I request paper copies that: I want mailed to me or I will pick up at the Clerk's Office
Paper Copies: 25¢ per page, per side for letter or legal size; 50¢ for ledger size. Applicant must pay postage fees. Payment may be required in advance, payable to the Groton Town Clerk.

*** If requesting lists of names and addresses you are required to complete the following and have notarized:**

Freedom of Information Law, Section 89, Part 3 (a) states: "An agency may require a person requesting lists of names and addresses to provide a written certification that such person will not use such lists of names and addresses for solicitation or fund-raising purposes and will not sell, give or otherwise make available such lists of names and addresses to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation or fund-raising purposes." I hereby certify that any list of names and addresses received by me shall not be used for solicitation or fundraising purposes of any kind.

Signature _____ Date _____

State of _____ }
County of _____ } ss:

On the _____ day of _____ 20____ before me personally came _____
to me known, or proven by satisfactory evidence to be the individuals described herein, and who executed the foregoing instrument, and acknowledged that they executed the same.

Notary Public (seal)