

# FOIL Request Form

Submit to: Town Clerk Kristin De Oliveira

Mail to: PO Box 57 Berne NY 12023

Email to: [clerk@berneny.org](mailto:clerk@berneny.org)

Fax to: 518-872-9303

Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email for Digital  
Copies: \_\_\_\_\_

I hereby request to inspect the following records:

Records/Documents requesting to inspect: Be specific of possible including date or record if possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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