

TOWN OF HOMER  
31 N MAIN STREET  
HOMER, NY 13077  
PH: 607-749-4581  
[clerk@townofhomer.org](mailto:clerk@townofhomer.org)

**F.O.I.L.**  
**FREEDOM OF INFORMATION LAW REQUEST**

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

Town Clerk,

Under the provisions of the New York State Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof, pertaining to

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*(Attempt to identify the records in which you are interested as clearly as possible)*

I understand the fees for copying the records requested are usually 25 cents per page and will make payment in the proper amount. I also understand that I can ask for a FOIL request without filing this FOIL request form.

The Freedom of Information Law (FOIL) requires that an agency respond to a request within five business days of receipt of this request. The response may provide the documents, deny the documents because they are not covered under the law, or provide an estimate as to the amount of time necessary to provide a full response.

If any part of this request is denied, please identify the applicable section of the freedom of information law. I understand that the town clerk is the FOIL Officer and the denial of a request may be appealed to the town supervisor, who is the FOIL Appeals Officer.

I hereby certify that the documents requested will not be used for any improper purpose, such as soliciting or harassment.

Signature \_\_\_\_\_ Representing \_\_\_\_\_

Name \_\_\_\_\_  
*(Please Print)*

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_