



FREEDOM OF INFORMATION APPLICATION

Please note if requesting photocopies of documents that there is a service fee of \$0.25 per printed page.
[See Public Officers Law, § 87(1)(b)(iii)]

PLEASE PRINT LEGIBLY

Date of Request: _____

Name of Person Making Request _____

Email Address of Person Making Request _____

Address of Person Making Request:

Street: _____

City, State, Zip Code: _____

Office Phone Number: (_____) _____

Mobile Phone Number: (_____) _____

Description of Information Sought (be specific) :

Signature of Person Making Request

Date: _____

EMAIL, MAIL OR FAX COMPLETED FORM TO:

Charles Mason, City Clerk
Office of the City Clerk, Records Access
Memorial City Hall
24 South St. Suite 116
Auburn NY 13021

Phone: 315-255-4101
Fax: 315-255-4181
Email: cmason@auburnny.gov

For office use only

Approval By: _____

Date: _____

(Initial)