



TOWN OF CATHARINE

Founded in 1798

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Access to Records Application Form Freedom of Information Law (FOIL)

I apply to: ___ Inspect; ___ obtain copies [specify number of copies]* for the following records:

Please be very specific in your request and write or type clearly:

Printed Name

Signature

Mailing Address

Representing (If Applicable)

City, State, Zip Code

Date /Email Address

** There is no fee for the inspection of records; however, if you require copies of any documents, a charge of \$0.25 per page or the actual cost to reproduce the record(s) plus postage will be charged. If documents are sent electronically, there may not be additional charges for the copies.*

↓ **For Office Use Only** ↓

Cost of Copies: # of pages _____ x Cost per page _____ = Total Cost _____

Payment Received by: _____ Date: _____