

**Freedom of Information Request Form
Town of Urbana
8014 Pleasant Valley Road
Bath, New York 14810
607-569-3743 ext. 1**

Date: _____

I am requesting copies of the documents/records: *(please be as specific as possible, if you need more space you can attach another page).*

Name: _____

Address: _____

Email: _____ **Phone:** _____

Signature: _____

If you would like physical copies of the documents, the cost is .25 per page. Otherwise, if it is possible we will email it to you.

- Approved Date: _____
- Denied Reason: _____

We will contact you within 5 days of receipt of your written request letting you know if your request can be filled. Your request will be filled within twenty business days. If your request cannot be filled, you will be provided with a reason why.