Freedom of Information Law Request Form (FOIL)
Town of Pleasant Valley

Date: _____

Records Access Officer: Mary Beth Muir, Deputy Town Clerk
1554 Main Street
Pleasant Valley, NY 12569
PHONE: (845) 635-3274 **Fax:** (845) 635-8408

Applicant's Name: _____
Applicant's Address: _____
Applicant's Phone Number: _____
E-Mail Address: _____

Nature of Request:
_____To View Only _____Copies Only $.25 Per Page/Copy _____To View and Request

I wish to examine the particular records specified below:

_____

_____

_____

Signature: _____

For Town of Pleasant Valley Use Only

Information Provided: Date: _____ Time: _____
Information Denied: _____

Town Representative responsible for providing records to public:
Signature/Title _____