

Your full name
Your address, City, State Zip code
Phone Number
email address

Date

Village of Buchanan
236 Tate Avenue
Buchanan, NY 10511

Attn: Freedom of Information Act Administrator
To Whom It May Concern:

This is a request under the Freedom of Information Act, and Freedom of Information Law (FOIA / FOIL) Title 5 USC §552 and Title 5 USC §552(a).

Please provide the following documents and records as requested, or in the alternative, please provide the information I seek to have disclosed by the release of those records.

According to law, you have 10 (ten) business days to respond to this request. Please inform me if the retrieval of the requested information will take longer than 15 business days.

PLEASE PROVIDE THE FOLLOWING RECORDS:

<<< INSERT YOUR REQUEST HERE >>>
<<< BE AS SPECIFIC AS POSSIBLE >>>

Respectfully,
Sign your name
Type or print your name

*** email request to Administrator@villageofbuchanan.com