

**Town of Vienna**  
**Freedom of Information Law**  
**(FOIL)**

TO: Vienna Town Clerk  
PO Box 250  
2083 NYS RTE 49  
North Bay, New York 13123

Phone: 315-245-2191  
Fax: 315-245-3308  
Townclerk@TownofViennaNY.org

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SUBJECT: FOIL Request pursuant to Article 6 of the Public Officer's Law.

I am requesting the following from the \_\_\_\_\_ Department.  
(Please be exact)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Grid #: \_\_\_\_\_

I am aware that I am responsible to pay  
for all reproduction fees for this request.

\_\_\_\_\_  
Signature Date

**FOR OFFICE USE ONLY**

Received by Town Clerk: \_\_\_\_\_ date      Response from \_\_\_\_\_ Department

The following was given to the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees: \_\_\_\_\_ Date Completed: \_\_\_\_\_