

Village of Cayuga Heights

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REQUEST FORM FREEDOM OF INFORMATION ACT

Date: _____

Name of Requestor: _____

Email Address: _____

Daytime Phone: _____

Mailing Address: _____

Dear FOIA Officer:

This is a request for information filed under the Freedom of Information Act.

I wish to inspect the following records:

Requestor's signature

Mail this form to the address above or email to clerk@cayuga-heights.ny.us