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@viennany.gov

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: _____