

**Town of Somers  
Freedom of Information Request**

**Requester information**

Name of Requestor (Last, First and Middle) Please Print		Date	Daytime and Cell Telephone*
Address (Street Number and Name)			Apt Number
City	State	Zip Code	

\*(Note: FOI requests are not accepted via telephone. We may, however, need to contact you to discuss your request.

By my signature, I understand that fees may be associated with this request based on the 'Schedule of Fees' attached to Policy.

Signature of Requester: \_\_\_\_\_

**Information/Documents Requested**

Please list, as clearly as possible, the name of the document(s), the type of document(s)\*, date of or date range of the document(s) and any other specifics you may have that will identify the records you seek/request. \*(for example: letters, memoranda, reports, contracts, proposals, etc)

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**Fees**

All Public agencies, as defined in Section 1-200 of the Freedom of Information Act, shall not exceed fifty cents per page. If any copy provided in accordance with said Freedom of Information Act requires a transcription, or if any person applies for a transcription of a public record, the fee for such transcription shall not exceed the cost thereof to the public agency.

**For Department Use Only**

Records made available: (Date) \_\_\_\_\_

Request denied – reason: \_\_\_\_\_

Copies Made: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Fee Paid: \_\_\_\_\_