

FOIL Request Form

Submit to: Town Clerk Kristin De Oliveira

Mail to: PO Box 57 Berne NY 12023

Email to: clerk@berneny.gov

Fax to: 518-872-9303

Name: _____

Mailing
Address: _____

Email for Digital
Copies: _____

I hereby request to inspect the following records:

Records/Documents requesting to inspect: Be specific of possible including date or record if possible

Signature: _____ Date: _____