VILLAGE OF GROTON
FREEDOM OF INFORMATION

RECORDS ACCESS OFFICE
NANCY NISWENDER
PO BOX 100, GROTON, NY 13073
LOCATED AT: 308 MAIN ST
PHONE: 607-898-3966 FAX: 607-898-4177
EMAIL: CUSTOMERSERVICE@GROTONNY.GOV

Date_____

Print Name_____ **Signature**_____

Phone_____**Email**_____

Mailing Address_____

I hereby request to inspect or obtain a copy of the following records:

_____
_____
_____
_____

Check One: ☐ I request the records be provided electronically
☐ I request paper copies that : [ ] I want mailed to me or [ ] I will pick up at the Village Office
Paper copies: 25¢ per page, per side for letter or legal size; 50¢ for ledger size. Applicant must pay postage fees. Payment may be required in advance, payable to the Village of Groton.

**** If requesting lists of names and addresses you are required to complete the following and have notarized:***

Freedom of Information Law, Section 89, Part 3 (a) states: "An agency may require a person requesting lists of names and addresses to provide a written certification that such person will not use such lists of names and addresses for solicitation or fund-raising purposes and will not sell, give or otherwise make available such lists of names and addresses to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation or fund-raising purposes." I hereby certify that any list of names and addresses received by me shall not be used for solicitation or fundraising purposes of any kind.

Signature_____**Date**_____

State of_____
County Of _____ } **ss:**

On the _____ day of _____20___ before me personally came _____ to me known, or proven by satisfactory evidence to the individuals described herein, and who executed the foregoing instrument, and acknowledged that they executed the same.

_____ **(seal)**
Notary Public