



VILLAGE OF SOUTH GLENS FALLS
46 SARATOGA AVENUE
SOUTH GLENS FALLS, NY 12803
PHONE: 518-793-1455
FAX: 518-793-3063

REQUEST FORM

FREEDOM OF INFORMATION LAW (F.O.I.L.)

DATE: _____

REQUESTER NAME: _____

PHONE NUMBER: _____ EMAIL: _____

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Signature of Requester

Village Clerk's Office Use ONLY

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By: _____

_____ Pages attached

**If request is denied, see attached or note reason for denial.