

# **TOWN OF NORFOLK**

5 W MAIN ST  
PO BOX 481  
NORFOLK, NY 13667

Jill M. Molnar

Town Clerk / Tax Collector

Email: [clerk@norfolkny.com](mailto:clerk@norfolkny.com)

Phone: (315) 384-4821

Fax: (315) 384-8919

---

## **FREEDOM OF INFORMATION REQUESTS**

All requests for records and information must be in writing.

Reasonable requests will be provided within five (5) business days after the written request is received.

An estimate of time of delivery will be provided for requests that cannot be provided within five (5) business days.

Any denied request will be notified in writing stating the reason for denial.

The fee for photocopies is twenty-five cents (\$.25) per page.

Records that are available electronically will be provided in that format if requested.

Any other fees for photocopies will be estimated at the time of the request if applicable.

TOWN OF NORFOLK  
FREEDOM OF INFORMATION REQUEST FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_