



Village of Southampton

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**VILLAGE OF SOUTHAMPTON
F.O.I.L. REQUEST
(FREEDOM OF INFORMATION LAW)
(Request for copies of public documents)**

NAME:

ADDRESS:

PHONE NUMBER:

DESCRIPTION OF DOCUMENT (S) REQUESTED:

(Be as specific as possible, including any dates)

I will pick up (allow 5 working days)

Please send to above address

SIGNATURE

Note: The fee is .25 cents for 8 ½ x 11 and 8 ½ x 14 size photo copies. Items requiring special processing will be charged according to cost. If you wish your documents mailed, payment should be made in advance, including postage.

FOR VILLAGE OFFICE USE ONLY:

DATE RECEIVED: _____ **DATE DELIVERED:** _____

PROCESSED BY: _____ **APPROVED BY:** _____

SPECIAL HANDLING: _____

ESTIMATED TIME EXPENDED FILLING THIS REPORT: _____

FEE: \$ _____

CIRCLE ONE: CHECK MONEY ORDER CASH