

TOWN OF CHENANGO
1529 NY RT 12
BINGHAMTON, NEW YORK 13901
(607) 648-4809
INFORMATION REQUEST

TO: _____ **DATE** _____
Records Access Officer

I, _____, **request copy/copies of the following**

records from the Town of Chenango: _____

FOR THE FOLLOWING REASON:

Signature

Street Address

_____ **City** _____ **State**

Zip Code

Receipt is hereby acknowledged this date, _____, **20** ____ .

This request will be granted or denied within 30 days from the date of this acknowledgment

Name & Department of Person Receiving FOIL Request