

Melissa M. Cerrillo  
Town of Niagara  
Town Clerk  
7105 Lockport Road  
Niagara Falls, NY 14305  
Phone – (716) 297-2150 Fax (716) 297-9262

**FREEDOM OF INFORMATION REQUEST**

**Please Print**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Records requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose for application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

.....  
**FOR OFFICE USE**

Approved \_\_\_\_\_ Denied for reason specified \_\_\_\_\_

Fee \_\_\_\_\_ (.25 per page)

\_\_\_\_\_  
Town Clerk Signature and Date