

Town of Canandaigua

5440 Routes 5 & 20 West

Canandaigua, NY 14424

(585) 394-1120

Fax: (585) 394-9476

Established 1789

FOIL REQUEST

Date: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Email address: _____

Requestor's Telephone Number: _____

Material Requested:

How would you like the materials requested? Email Hard copy (.25cents/copy)

This form can be faxed, mailed, hand delivered or emailed (jchrisman@townofcanandaigua.org).

(Do not write below this line.)

To Be Completed By Town Clerk's Office

Signature of Clerk Completing Request: _____

Cost: \$ _____

Date Material Was Picked Up By / Emailed to Requestor: _____