

**TOWN OF CALLICOON- FREEDOM OF INFORMATION (FOIL)**

Kim Klein  
Town Clerk  
PO Box 687  
Jeffersonville, NY 12748  
(845) 482-5390 Ext. 300  
(845) 482-5030 Fax

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

I hereby apply to inspect the following record(s)  
(Please be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Representing \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_