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 OF THE THOUSAND ISLANDS
TOWN OF ALEXANDRIA

COUNTY OF JEFFERSON
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James R. Durand
Brent H. Sweet
Douglas G. Williams

FREEDOM OF INFORMATION REQUEST

DATE: _____

RECORDS REQUESTED: _____

REASON: _____

REQUESTED BY : _____
name

address

EMPLOYER: _____

BUSINESS: _____

SIGNATURE: _____
(person receiving the records *must* sign)

REQUEST HANDLED BY : _____

accepted _____ **denied** _____

delivered : _____ **mailed:** _____
in person to signee **date**