FREEDOM OF INFORMATION LAW REQUEST

My	name is		
Cor	mpany/Affiliation		
		(if requesting for an orga	anization)
Ado	dress		
		(Street Address)	
	(City/Town/Village)	(State)	(Zip Code)
Pho	one Number (s)		
Fax	Number		
E-n	nail Address		
	der the Freedom of Informatio		
1.	Describe type of record (be specific)		
		· -	
	Tax Map # (if known)		
	Owner of property (if known)		
	Address of property (if known)		
2.	Approximate date record was created		
3.	Who made the record (if know	n)?	
Dat	re		
			(Signature)

TOWN OF LEDYARD 1099 POPLAR RIDGE RD AURORA, NY 13026 townofledyard@outlook.com