STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

FREEDOM OF INFORMATION REQUEST FORM

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NAME: _____

ORGANIZATION (if any): _____

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CITY OR TOWN: _____

STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: ___ - ____ - _____

E-MAIL ADDRESS: _____

DESCRIPTION OF RECORDS SOUGHT: (Please include as much specific information relating to records as you can i.e. A list of complaints regarding XYZ Corp. filed with the Attorney General's Office from 2005-2006) (Please note that if the Office of the Attorney General has documents that respond to your request, the first 5 pages will be provided free of charge, and there will be a charge of .25 cents per page for each page that exceeds 5 pages.)

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