



Tel: 631-477-0248

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APPLICATION FOR PUBLIC ACCESS TO RECORDS

SECTION 1 – TO BE COMPLETED BY APPLICANT:

Date of Application: _____
 Name and Address: _____

DESCRIPTION OF RECORDS(S) SOUGHT TO INSPECT:

Please describe the record(s) sought in as specific detail as possible (if applicable, please include dates, tax map number, and any other information that will help locate the record desired). If you fail to do so, your request may be denied. The Freedom of Information Law is designed to provide access to records, not information. It is not a vehicle to question government officials or employees.

By signing this application, the applicant agrees that the record(s) requested shall not be utilized in any matter lending to constitute and unwarranted invasion of personal privacy. It is further agreed to indemnify and hold the Village of Greenport harmless from any claim arising from any such unauthorized use of the record(s) requested.

I desire copies of these records sought, I hereby agree to pay the statutory fee (Cost of reproduction \$.25 per page) Documents to be copied? Yes No Cost for records requested is \$ _____
The Village of Greenport reserves the right to require advance payment prior to reproduction of requested records

Applicant Signature & Printed Name

Applicant Represents

SECTION 2 – COMPLETED BY AGENCY FREEDOM OF INFORMATION OFFICER:

Receipt of this request is hereby acknowledged. You will receive a response as quickly as possible. Please allow twenty (20) business days for processing before contacting this office.

PLEASE NOTE: FOIL requires that an agency respond to the original request within five (5) business days.

THERE IS NO SPECIFIC TIME LIMIT TO PRODUCE THE DOCUMENTS.

- () Approved.
 () Denied: (for the reason(s) checked below):
 () Confidential disclosure
 () Part of Investigatory Files
 () Unwarranted Invasion of Privacy
 () Record is not maintained by this agency
 () Exempted by statute other than the Freedom of Information Act
 () Other Specify: _____

Officer Name

Signature

Date

FOIL NUMBER: _____

SECTION 3 – NOTICE OF APPLICANT

You have a right to appeal a denial of this application in writing to the Office of the Village Attorney, Joseph W. Prokop, 267 Carleton Avenue, Suite 301, Central Islip, NY 11722; telephone number 631-234-6200 within 30 days of the denial. The contacted person must respond to you in writing within ten business days of receipt of your appeal.