



Village of Greenport

236 Third Street, Greenport, New York, 11944

Tel: (631) 477-0248 Fax: (631) 477-1877

www.villageofgreenport.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

SECTION 1 - TO BE COMPLETED BY APPLICANT

Date of Application: ____/____/____

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone Number: (____) _____ - _____

Applicant E-Mail Address: _____

DESCRIBE IN THE BLANK SPACE BELOW RECORD(S) SOUGHT TO INSPECT:

Please describe the record(s) sought as specifically 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 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 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 to schedule a date and time to review the requested record(s).

I desire that copies of the requested record(s) be sent via e-mail.

(There may be a cost incurred, depending on the specific record(s) requested.)

I desire copies of the record(s) sought and hereby agree to pay a statutory fee.

(Cost of reproduction to be determined by document size and number of pages.)

THE VILLAGE OF GREENPORT RESERVES THE RIGHT TO REQUIRE ADVANCE PAYMENT PRIOR TO THE 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: F.O.I.L. requires 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 reasons checked below):

Confidential disclosure Part of investigatory Files Record not maintained by Agency Exempt from F.O.I.L. Act

Other: _____

Officer Name

Signature

____/____/____
Date

SECTION 3 - NOTICE TO APPLICANT

You have a right to appeal the denial of this application in writing, to the Office of the Village Attorney:
Joseph W. Prokop - 267 Carleton Avenue, Suite 301, Central Islip, N.Y. 11722 (631) 234-6200 within 30 days of the denial.
The contacted person must respond to you in writing within ten (10) business days from receipt of your appeal.