



FREEDOM OF INFORMATION REQUISITION FORM FOR PUBLIC ACCESS TO RECORDS

RECORDS ACCESS OFFICER:

Library Director  
Manhasset Public Library  
30 Onderdonk Avenue  
Manhasset, NY 11030

\_\_\_\_\_, I HEREBY APPLY  
(Please print name)

To inspect the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cost of Copies: \$1.00 ea.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

( ) \_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mailing Address

FOR AGENCY USE ONLY

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED (For reason(s) checked below)

- \_\_\_\_\_ Confidential Disclosure
- \_\_\_\_\_ Part of Investigatory Files
- \_\_\_\_\_ Unwarranted Invasion of Personal Privacy
- \_\_\_\_\_ Record of Which This Agency is Legal Custodian Cannot Be Found
- \_\_\_\_\_ Record if Not Maintained by This Agency
- \_\_\_\_\_ Exempted by Statute Other than the Freedom of Information Act
- \_\_\_\_\_ Other (specify)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO:

\_\_\_\_\_, Director of Manhasset Public Library, 30 Onderdonk Ave., Manhasset, NY 11030

WHO MUST FULLY EXPLAIN HIS/HER REASONS FOR SUCH DENIAL IN WRITING WITHIN SEVEN BUSINESS DAYS FOLLOWING RECEIPT OF AN APPEAL.

I HEREBY APPEAL: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date