



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