INCORPORATED VILLAGE OF MANORHAVEN

"THE PEARL OF MANHASSET BAY"

33 MANORHAVEN BLVD., PORT WASHINGTON, NY 11050

Tel: (516) 883-7000 FAX: (516) 883-4535

RECORDS ACCESS REQUEST
UNDER FREEDOM OF INFORMATION LAW (FOIL)

Requests for public access to records shall be responded to within five business days of receipt

Name: _____

Address: _____

Phone: _____

Describe in detail the record or records sought. Use as much detail as possible to describe the record i.e. dates, names, etc.

_____

_____

_____

Signature:_____Date:_____

DO NOT WRITE BELOW THIS LINE

☐ 1. The records that you have requested to inspect will be made available for inspection on _____ at _____. After inspecting the records, you may request copies of selected pages, which we will provide to you on or about_____. Payment of a fee of $.25 per photocopy will be charged.

☐ 2. The records requested cannot be located with reasonable effort and/or your request does not reasonably describe records in the possession of this agency.

☐ 3. This agency does not maintain or possess the records you have requested.

☐ 4. The records sought cannot be found after a diligent search.

☐ 5. Material has been destroyed with the Approval of the New York State Education Department.

_____ _____

Date **Records Access Officer**

Number of Copies _____ @ $.25 = _____

Documents provided:

Reviewed by: _____

You have 30 days from receipt of a denial of access to records or portions thereof to appeal to the Mayor.