



Freedom of Information Law Request

I, the undersigned, request to see copies of the following documents. I understand that there will be a charge of \$0.25 per page for any material I request to have copied for my retention.

Description of Documents Requested:

Name: _____

Address: _____

Daytime Phone: _____

Signature: _____ **Date:** _____

Please direct your request to the attention of the Library Director at the library’s Centereach building—101 Eastwood Boulevard, Centereach, NY 11720-2745. Requests will be processed by our administrative staff during normal business hours, Monday - Friday, 9:30am - 5:00pm. Requests received outside of normal business hours will be considered as received at the start of the next business day.

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Received: _____ **Time Received:** _____ **Supervisor:** _____