



# 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 or actual costs of reproduction for any material I request to have copied for my retention.

## Description of Documents Requested:

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please direct your request to the attention of the Library Director at the library's Centereach building, located at **101 Eastwood Boulevard, Centereach, NY 11720-2745**. Requests will be processed by our administrative staff during normal business hours, Monday - Friday, 9:30am - 4:30pm. Requests received outside of normal business hours will be considered as received at the start of the next business day.

You have the right to appeal a denial of this application within 30 days of the denial by mailing a written appeal to the Library Director at **101 Eastwood Blvd, Centereach, NY 11720-2745**.

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

### TO BE COMPLETED BY LIBRARY RECORDS OFFICER ONLY

- Approved
- Records not maintained by library
- Records cannot be located after diligent search
- Denied. Reason for denial: \_\_\_\_\_
- Receipt of this request is acknowledged. Records will be delayed until \_\_\_\_\_  
Reason for delay: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Supervisor: \_\_\_\_\_