

INCORPORATED VILLAGE OF BRIGHTWATERS
FREEDOM OF INFORMATION REQUEST APPLICATION

I _____ (Name) hereby apply to inspect the following records:

Reason for this request:

Signature of Applicant _____ Date _____
Print Name _____
Address _____
Phone _____

For Agency Use Only

This Application is (Approved) _____ (Disapproved) _____
Disapproval of this application is based on:

- | | |
|--|---|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Investigatory File |
| <input type="checkbox"/> Invasion of Privacy | <input type="checkbox"/> Record exempt by law |
| <input type="checkbox"/> Record cannot be located by legal custodian | <input type="checkbox"/> Other (specify): |

Signature & Title _____ Date _____

FEE SCHEDULE

The fee for a copy not in excess of 9" by 14" is \$.25 per page. For anything else, the fee is the actual cost of reproduction.

Total number of pages copied: _____ Total Fee: _____ Gen. Rec.# _____

NOTICE: You have a right to appeal a denial of this application to the Village Attorney, Village Office, 40 Seneca Dr., P.O. Box 601, Brightwaters, NY 11718, who must fully explain his reasons for such denial in writing ten days following receipt of an appeal..

I hereby appeal the denial of this application:

Signature _____ Date _____