

**AMITYVILLE PUBLIC LIBRARY
REQUEST FOR LIBRARY RECORDS**

**To: Records Access Officer
Amityville Public Library
Corner Oak & John Streets
Amityville, NY 11701**

Date _____

Please Print

Name of Requestor _____

Address _____

Telephone Number _____

I hereby request to inspect the following records. (Describe fully and, if possible, give dates, titles, and any other information that will help locate the record.)

Signature of Requestor

In the event access to a record is denied, the requestor has the right to appeal to the President of the Board of Trustees of the Amityville Public Library with thirty (30) days of denial. A copy of the request and a copy of the denial should be delivered or mailed to:

**President of the Board of Trustees
Amityville Public Library
Corner Oak & John Streets
Amityville, NY 11701**

For Agency Use Only

Approved ()

Denied for the reason(s) checked below:

Confidential disclosure () Part of investigatory files ()

Unwarranted invasion of privacy () Record is not maintained by this agency ()

Record of which this agency is legal custodian cannot be found ()

Exempted by statute other than Freedom of Information Act ()

Other _____