

**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**

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**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 \_\_\_\_\_