

**VILLAGE OF SAGAPONACK**

PO Box 600

20 Sagg Main Street

Sagaponack, NY 11962

631-537-0017 631-537-0612(FAX)

**APPLICATION FOR ACCESS TO PUBLIC RECORDS**

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**SECTION 1 – TO BE COMPLETED BY APPLICANT**

☉ **I Hereby Apply to Review or Copy the Record(s) Described Below:**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No. \_\_\_\_\_ FAX Number: \_\_\_\_\_

Street and Mailing Address: \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Address Of Business: \_\_\_\_\_

Telephone No. \_\_\_\_\_ FAX Number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

☉ **DESCRIPTION OF RECORD(S) SOUGHT:**

Please describe the record(s) sought in as specific detail as possible (if applicable, please include dates, tax map number, file title, and any other information that will help locate the record desired). If you fail to do so, your request may be denied. The Freedom of Information Law is designed to provide access to records, not information. It is not a vehicle to question government officials or employees.

By signing this application, the applicant agrees that the record(s) requested shall not be utilized in any matter tending to constitute an unwarranted invasion of personal privacy. It is further agreed to indemnify and hold the Village of Sagaponack harmless from any claim arising from any such unauthorized use of the record(s) requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I desire copies of these records sought I hereby agree to pay the statutory fee (\$.25/page – CO or CC \$10.00)

Documents to be copied?  Yes  No

☉ **You have the right to appeal a denial of this application in writing to the Village Clerk within thirty (30) days of the denial.**

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**SECTION 2 – THIS SECTION IS TO BE COMPLETED BY THE FREEDOM OF INFORMATION OFFICER**

Receipt of this request is acknowledged. You will receive a response as quickly as possible. Please allow twenty (20) business days for processing before contacting this office.

**PLEASE NOTE:** FOIL requires that an agency respond to the original request within five(5) business days. There is no specific time limit to produce the documents.

Information Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Receipt of FOIL: \_\_\_\_\_

**APPROVED** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**REASON FOR DENIAL:**

- Exempt by state or federal statute Unwarranted Invasion of Privacy
- Would impair present or imminent contract Are inter-agency or intra-agency materials that are not statistical awards or collective bargaining negotiations or factual tabulations or data, instructions to staff that affect the public, final agency policy or determinations, or external audits
- Documents are not reasonably described
- Documents are not maintained by this agency

Other \_\_\_\_\_