



### Freedom of Information Request

To: Judith Willner, Director  
Administration Fax 631-588-3475

I hereby request access to the following material:

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

Please check the type of access you are requesting:

- Copy\*                       Examine

\*I hereby agree to pay \$.25 per page or the Library's actual cost of copying the requested records, whichever is greater.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

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### Action of the Library

- Approved  
 Denied      Reason for denial:

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

NOTICE: You have a right to appeal a denial of this application to the Library Board within 30 days. You are entitled to receive a written explanation for the denial within seven days of the Board meeting following the appeal.

I hereby appeal:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date