



Freedom of Information Request

To: Neely McCahey, 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

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

Form Revised 10/15