

INC. VILLAGE OF COVE NECK
147 Forest Ave.
Locust Valley, NY 11560
Phone: 516-801-6525 Fax: 516-801-6524

FREEDOM OF INFORMATION LAW (FOIL) REQUEST

To: Village Clerk

Name of Agency/Applicant

Address

I hereby apply to inspect the following record: If this is a property record include Section/Blk/Lot:

Date:

Signature

Representing

Mailing Address

..... **VILLAGE USE ONLY**

Approved _____

Denied (For the reason(s) checked below)

_____ Confidential Disclosure

_____ Part of Investigatory Files

_____ Unwarranted Invasion of Personal Privacy

_____ Record of which this agency is legal custodian, can't be found

_____ Record is not maintained by this agency

_____ Exempted by statue, other than the freedom of information

_____ Other (Specify) _____

Signature

Title

Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THE AGENCY.

Name

Business Address

WHO MUST FULLY EXPLAIN HIS/HER REASONS FOR SUCH DENIAL IN WRITING, TEN DAYS OF RECEIPT OF AN APPEAL.

Signature