

INC. VILLAGE OF OYSTER BAY COVE
68 West Main Street – PO Box 66
Oyster Bay, NY 11771
516-922-1016
villageclerk@oysterbaycove.net

FREEDOM OF INFORMATION LAW (FOIL) REQUEST

To: Village Clerk

Name of Agency/Applicant

Property Address

Applicant E-Mail

Applicant Phone number

I hereby apply to inspect the following record:

Date

Signature

Representing

Applicant 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 statute, 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

HIS/HER REASONS FOR SUCH DENIAL MUST BE IN WRITING TEN DAYS OF RECEIPT OF AN APPEAL.

Signature