

CITY OF GLEN COVE, 9 GLEN STREET, GLEN COVE NY 11542
(516) 676-3345
FAX (516) 320-7856

Date: _____

RECORDS ACCESS REQUEST

All reasonable requests for public access to records shall be responded to in writing within five business days of receipt of this request and a statement of the approximate date (within 20 business days after the date of acknowledgement of receipt of the request) when the request will be granted or denied. All requests should reasonably describe the record or records sought. Whenever possible, please supply information regarding dates, file designations or other information that may help to describe the records sought.

There is a \$0.25 cent charge for photostating each page of the size 9 x 14 or under. If the document is larger, the actual cost of duplicating thereof will be charged. Any person denied access to records may appeal within thirty days of a denial.

YOU MAY APPEAL, ATTACH SHEET WITH OBJECTIONS AND STATE WHAT ITEMS YOU ARE APPEALING

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ E-Mail _____

Record (s) Address Requested:

Signature: _____

DO NOT WRITE BELOW THIS LINE

Records requested are available and may be inspected by calling

_____ and asking for _____

or by paying \$ _____ for _____ pages.

Records requested are not available because:

_____ A) They are not a public record

_____ B) Files are temporarily out of my office

_____ C) No record of the requested material can be found

Approved _____

Denied _____

Completed _____

Number of copies provided _____ Fee paid _____ Reviewed by _____

List what was provided: _____

Signature _____ Title _____ Date _____