



Incorporated Village of Westhampton Beach
 165 Mill Road, Westhampton Beach, NY 11978
 (631) 288-1654 * Fax: (631) 288-4332 * clerk@westhamptonbeach.org



APPLICATION FOR PUBLIC ACCESS TO RECORDS

PLEASE TYPE OR PRINT CLEARLY

APPLICANT EMAIL ADDRESS:

SECTION 1 - TO BE COMPLETED BY APPLICANT			
I HEREBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW:			
1. NAME OF APPLICANT:		5. TELEPHONE NUMBER:	
2. NAME OF BUSINESS FIRM:		6. STREET ADDRESS:	
3. NAME OF CLIENT REPRESENTED:		7. CITY:	8. STATE:
			9. ZIP CODE:
4. SIGNATURE OF APPLICANT:		10. DATE OF APPLICATION:	
DEPARTMENT:			
<p>DESCRIPTION OF RECORD(S) SOUGHT TO INSPECT. Please describe the record(s) sought in as specific detail as possible (if applicable, please include dates, tax map number, file title, and any other information that will help locate the record desired). If you fail to do so, your request may be denied. The Freedom of Information Law is designed to provide access to records, not information. It is not a vehicle to question government officials or employees.</p> <p>By signing this application, the applicant agrees that the record(s) requested shall not be utilized in any matter tending to constitute an unwarranted invasion of personal privacy. It is further agreed to indemnify and hold the Village of Westhampton Beach harmless from any claim arising from any such unauthorized use of the record(s) requested.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
If I desire copies of these records sought I hereby agree to pay the statutory fee (Cost of reproduction/\$.25 per page) Documents to be copied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION 2 - TO BE COMPLETED BY AGENCY FREEDOM OF INFORMATION OFFICER			
Receipt of this request is hereby acknowledged. You will receive a response as quickly as possible. Please allow twenty (20) business days for processing before contacting this office.			
<p>PLEASE NOTE: FOIL requires that an agency respond to the original request within five (5) business days. THERE IS NO SPECIFIC TIME LIMIT TO PRODUCE THE DOCUMENTS.</p>			
11. INFORMATION OFFICER:		12. TITLE:	13. DATE:
14. SENT TO DEPARTMENT:		15. DATE:	
SECTION 3 – NOTICE TO APPLICANT			
You have a right to appeal a denial of this application in writing within thirty (30) days of the denial. The designated person to hear appeals within the department shall respond to you in writing within ten (10) business days of receipt of your appeal.			

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TO THE APPLICANT

RECORDS PROVIDED:		
<input type="checkbox"/> The reproduction costs for the records requested is \$ _____		
RECORDS NOT AVAILABLE:		
<input type="checkbox"/> Records cannot be found after diligent search.		
<input type="checkbox"/> Records not possessed or maintained by this Agency.		
RECORDS DENIED:		
I hereby certify that access to the records, or part of the records, requested has been denied to the applicant for the reasons checked below:		
<input type="checkbox"/> Exempt by state or federal statute.	<input type="checkbox"/> Would endanger the life or safety of any person.	
<input type="checkbox"/> Unwarranted invasion of personal privacy.	Are compiled for law enforcement purposes and which if disclosed would:	
<input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations.	<input type="checkbox"/> interfere with law enforcement investigations or judicial proceedings.	
<input type="checkbox"/> Are trade secrets.	<input type="checkbox"/> deprive a person of the right to a fair trial or impartial adjudication.	
<input type="checkbox"/> Are inter-agency or intra-agency materials that are not statistical or factual tabulations or data, instruction to staff that affect the public, final agency policy or determinations, or external audits, including but not limited to audits performed by the comptroller and the federal government.	<input type="checkbox"/> identify a confidential source or disclose confidential information relating to a criminal investigation.	
<input type="checkbox"/> The request does not reasonably describe the record(s) requested.	<input type="checkbox"/> reveal criminal investigative techniques or procedures except routine techniques and procedures.	
<input type="checkbox"/> Are computer access codes.		
ACCESS OFFICER'S SIGNATURE	TITLE	DATE