



**APPLICATION FOR PUBLIC ACCESS TO RECORDS**  
**PLEASE PRINT OR TYPE CLEARLY**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

I HEREBY APPLY TO REVIEW OR RECEIVE COPIES OF THE RECORDS DESCRIBED BELOW:

Name of Applicant:	Phone Number:
Name of Firm:	Business Address:
Name of Client:	City: State: Zip:
Signature of Applicant:	Date of Application:
Email Address:	
Department(s):	

**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 numbers, file titles, and any other information that will help locate the record(s) 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 intended to be a vehicle to question government officials or employees.

Please be advised, 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 record(s) requested.

If I desire copies of these records sought, I hereby agree to pay the statutory fee (cost of reproduction is \$0.25 per page)  
 Documents to be copied?  Yes  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.

**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**

Information Officer:	Title:	Date:
Sent to Department(s):		Date Sent:

**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.