

HARBORFIELDS PUBLIC LIBRARY

31 Broadway, Greenlawn, NY 11740

Phone: 631-757-4200 Business Fax: 631-757-4266

http://www.harborfieldslibrary.org

FREEDOM OF INFORMATION LAW REQUEST

Date: _____

Name of person making request: _____

Address: _____

Daytime Phone : _____ Alternate Phone: _____

email: _____

I, the undersigned request to see copies of the following documents. I understand that there will be a charge of \$0.25 per page for any material I request to have copied for my retention.

RECORDS REQUESTED: (Specify type of record, date and any other identifying information)

Signature _____

Direct your request to the attention of the Library Director. Requests will be processed by our administrative staff during normal business hours, Monday - Thursday, 9:00 a.m. to 5:00 p.m., Friday 10:00 a.m. - 5:00 p.m. Requests submitted outside of the normal business hours will be considered as received at the start of the next business day.

ACTION APPROVED _____ Documents Available (Date): _____

NOT APPROVED _____ (specify reason) _____

_____ Library is not an official depository of such records

_____ Restricted category _____ Other (Specify)

FOR OFFICE USE ONLY. Do not write in this area.

Date Received _____

Time Received _____

Records Access Officer