

**INCORPORATED VILLAGE OF LINDENHURST
FREEDOM OF INFORMATION REQUEST APPLICATION**

I, _____ (NAME) hereby apply to inspect the following

records:

Signature of Applicant: _____ Date: _____

Address: _____

Phone Number: _____

Representing: _____

For Agency use only

This application is (Approved) (Disapproved)

Disapproval of this application is based on:

- | | |
|---|---|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Investigatory File |
| <input type="checkbox"/> Invasion of Privacy | <input type="checkbox"/> Record exempt by law |
| <input type="checkbox"/> Record cannot be located by
legal custodian | <input type="checkbox"/> Other (specify) |

Signature & Title

Date

NOTICE: You have the right to appeal a denial of this application to the Village Attorney, Village Hall, 430 So. Wellwood Avenue, Lindenhurst, NY 11757 (957-7500), who must fully explain his reasons for such denial in writing ten days following receipt of an appeal.

I hereby appeal the denial of this application:

Signature: _____ Date: _____