

500-65:

**APPLICATION FOR ACCESS TO PUBLIC RECORDS
IN THE GREAT NECK LIBRARY**

Name _____ Address _____
Please Print

Home Phone _____ Work Phone _____

I hereby apply to inspect the following records: _____

Purpose of Inspection _____

Signature _____ Representing _____ Date _____

Please check one: _____ Please photocopy (charge of \$.25 per page); or
_____ I wish to inspect the document (s) at the Main Library which are
available from 9 a.m. – 5 p.m., Monday through Friday. I would like to inspect the records on the
following dates. Please specify three alternate dates and times.

FOR LIBRARY USE ONLY

Approved _____ Inspection Date and Time (If requested) _____

Denied for the reason(s) checked below:

_____ Confidential disclosure _____ Unwarranted invasion of personal privacy

_____ Record cannot be found by this Library's legal custodian

_____ Part of investigatory files _____ Record is not maintained by Library

_____ Exempt by statute other than the Freedom of Information Act

_____ Other _____

Signature _____ Title _____ Date _____

NOTICE: You have a right to appeal a denial of this application to the Board of Trustees of the Library.

I hereby appeal _____(Signature) Date _____