ALBERT WISNER PUBLIC LIBRARY
Application for Public Access to Records
Albert Wisner Public Library
One McFarland Drive
Warwick, NY 10990

Records of Access Office: Library Director

I hereby apply to inspect the following records:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Name: ________________________________________ Phone: ____________________
Signature: _____________________________________ Date: _____________________
Representing: ______________________________________________________________________
Mailing Address: ______________________________________________________________________

A response to this request will be sent within five (5) business days after the date this application was received. In accordance with Public Office’s Law, Section 87 (b) (iii), there will be a fee of .25 cents per page for duplicated text materials. Upon receipt of this fee, duplicated materials will be provided.

FOR AGENCY USE ONLY

Approved: ________________________________________________________________________

Denied: (for reason(s) checked below)

_____ Confidential Disclosure
_____ Unwarranted invasion of privacy
_____ Record of which this Agency is Legal Custodian cannot be found
_____ Record is not maintained by this Agency
_____ Exempted by Statute other than the Freedom of Information Act
_____ Other (specify)
_____ Part of Investigatory Files

Signature: _____________________________________ Title: _________________ Date: ____________

Notice: You have the right to appeal a denial of this application to the head of this Agency, Director, Albert Wisner Public Library, One McFarland Drive, Warwick NY 10990 who must fully explain reasons for such denial in writing within then (10) days of receipt of appeal.

Signature: _____________________________________ Date: ____________________________