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: _____