

**Palmyra Community Library
402 E. Main St., Palmyra, NY 14522
315-597-5276**

APPLICATION FOR RECORDS – FREEDOM OF INFORMATION LAW

Complete Part 1 of this form. Advance payment for copies is required before documents will be released.

1. APPLICATION

I hereby apply to inspect ___ OR receive copies ___ of the following record(s):

Name: _____ Phone: (____) _____ - _____

Organization: _____

Address: _____
Street City State Zip

Signature: _____ Date: ___/___/___

2. DISPOSITION OF REQUEST (The Records Access Officer has five business days to respond to this request.)

___ Approved: ___ Contact the Palmyra Library to schedule appointment for inspection.
___ See bill for copies. Once payment has been received the documents will be sent via U.S. Mail.

___ Denied: See reason(s) checked. (Denials may be appealed to the Board of Trustees within 30 days.)

___ Exempt by statute ___ Invasion of personal privacy
___ Inter/Intra-agency material ___ Impairment of present or imminent contract awards or collective bargaining negotiations
___ Confidential disclosure
___ Exempt: law enforcement ___ Exempt: Computer access codes
___ Life or safety endangerment

___ Unavailable: See reason(s) checked:
___ Not described in sufficient detail
___ Not maintained by the Library

Signed: _____ Date: ___/___/___
Records Access Officer

3. BILL FOR MATERIALS

Type of Material Supplied	No. of Items	Cost Per Item	Cost	Postage	Total Cost
_____	_____	_____	_____	_____	_____