

Library Records Request  
 Mastics-Moriches-Shirley Community Library  
 Shirley, New York 11967

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To: Records Access Officer

From: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

*I hereby apply for the following record(s): {Important notation: The Records Access Officer's obligation is to retrieve the record(s) requested. The officer is not permitted to question you about your request, interpret your request, or create a record to fulfill your request. Therefore, you must be specific, reasonably describing the document you are requesting by way of, if possible, supplying dates, file designations, or any other information that would assist in locating the requested document(s).}*

Record Requested	Duplication Fee (Office Use)
1.	
2.	
3.	
4.	

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note: Initial reply to request will be made within five business days. After receipt of duplication fees (by cash, personal check or money order), copies will be forwarded in order of receipt. The charge for copying records not exceeding 8-1/2 x 14 inches shall be 25 cents per page, and for other sizes it shall be the actual cost of reproduction unless otherwise specified by law. If you wish to examine records on site, please contact us to schedule an appointment in advance.

**FOR OFFICE USE ONLY**

Determination Codes	
1. Request Approved	5. Denied - record is inter or intra-agency communication not covered under statute.
2. Denied - record not maintained by the Library	6. Denied - request lacks reasonable description therefore, not identifiable by the Access Officer
3. Denied - if disclosed would result in unwarranted invasion of personal privacy.	7. Denied - exempt from disclosure by state or federal statute
4. Denied - if disclosed would impair collective bargaining negotiations.	8. Other:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***You have the right to appeal a denial of this application within 30 days to the Director of the Library, namely:***

Office of the Director  
 Mastics-Moriches-Shirley Community Library  
 407 William Floyd Parkway  
 Shirley, New York 11967

I hereby appeal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date