INC. VILLAGE OF CENTRE ISLAND
303 CENTRE ISLAND ROAD
OYSTER BAY, NY 11771
TEL.: 516-922-0606 FAX: 516-922-4708

FREEDOM OF INFORMATION LAW (FOIL) REQUEST

To: Village Clerk Date: _____ TEL.: _____

Name of Agency/Applicant: _____

Representing: _____

Address: _____

Email: _____

I hereby apply to inspect the following record. If this is a property record include Section/Blk/Lot:

1. _____

2. _____

3. _____

_____ _____
Name (Please Print) Signature/Title

.....**Village Use Only**.....

Received: _____ ❑Approved: _____

Denied (for the reason(s) checked below)

❑Confidential Disclosure ❑ Part of Investigatory Files ❑Unwarranted Invasion of Personal Privacy

❑Record of which this agency is legal custodian, can't be found

❑Record is not maintained by this agency ❑Exempted by statue, other than the freedom of information

❑Other(specify):_____

_____ _____ _____
Signature Title Date

Notice: You have a right to appeal a denial of this application to the head of the agency.

_____
Name/Title

Who must fully explain the reasons for such denial in writing, ten days of receipt of the appeal.