INCORPORATED VILLAGE OF OCEAN BEACH

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457
TEL: (631) 583-5940 FAX: (631) 583-7597

APPLICATION FOR ACCESS TO RECORDS

To: Records Access Officer
Incorporated Village of Ocean Beach
P. O. Box #457
Ocean Beach, NY 11770

I hereby apply to: ( ) Inspect ( ) I will pick up
( ) Obtain a copy ( ) Please mail to address below

the following record:

_____

_____

_____

Signature _____ Representing _____

Printed Name _____

Date _____

Mailing Address _____

_____

Daytime Phone _____

****

(for agency use only)

Approved _____

Denied (for reason(s) checked below):

_____Confidential Disclosure _____Part of investigatory files

_____Unwarranted invasion of privacy

_____Record is not maintained by this Agency

_____Exempted by Statute other than the Freedom of Information Act

_____Other (specify) _____

_____

_____

Signature of Records Access Officer Date

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PLEASE TAKE NOTICE: You have the right to Appeal a denial of this application.
Please mail appeals to: Records Appeals Officer, Incorporated Village of Ocean Beach, P. O. Box #457, Ocean Beach, NY 11770