

**To: Incorporated Village of Malverne  
99 Church Street  
Malverne, NY 11565  
info@malvernevillage.org**

I HEREBY APPLY TO EXAMINE THE FOLLOWING RECORD(S) PURSUANT TO THE NEW YORK STATE FREEDOM OF INFORMATION ACT.

List items to be examined. Reproduction cost: 25 cents per copy.

**(Architectural plans may require reproduction from an independent firm and separate fees/costs may be associated with that request.)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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Applicant (Print Name)	Applicant's Signature	Date
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Applicant's Mailing Address	City	State	Zip
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Applicant's Phone Number	Applicant's Email
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*For Agency Use Only*

[ ☐ ] Approved

Signature	Title	Date
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[ ☐ ] Denied

Signature	Title	Date
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Comments: \_\_\_\_\_

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You have the right to appeal a denial to the head of this agency in writing addressed to:  
Mayor  
Incorporated Village of Malverne  
99 Church Street  
Malverne, NY 11565