NEW YORK STATE FREEDOM OF INFORMATION ACT

To: Incorporated Village of Malverne
99 Church Street, Malverne, NY 11565

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.

1) _____

2) _____

3) _____

4) _____

5) _____

_____ _____
Applicant (Print Name) *Date*

_____ _____
Applicant's Signature *Area Code and Phone No.*

_____
Applicant's Mailing Address *City* *State* *Zip*

For Agency Use Only

( )Approved _____ _____ _____
Signature Title Date

( )Denied _____ _____ _____
Signature Title Date

Comments: _____

_____

_____

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