

**Village of South Blooming Grove
Freedom of Information Law (F.O.I.L.)
Application for Public Access to Records**

I hereby apply to inspect/obtain copies of the following record(s):

**Note: A fee of .25 cents per copy will be charged for all copies requested.
Fees for documents larger than 9"x14"(reproduced by a private contractor), data file (discs)
will be charged for the actual cost of reproduction**

Signature _____ Date _____

Print Name _____ Home Tel# _____ Cell: _____

Mailing Address _____

for Agency Use Only

Approved _____

Denied (for reason(s) checked below):

- _____ Confidential Disclosure Part of Investigatory Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this Agency is Legal Custodian and Cannot be found
- _____ Exempted by Statute other than the Freedom of Information Law
- _____ Other (specify) _____

Signature _____ Title _____ Date _____

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

Name _____ Address _____

Who must fully explain the reason(s) for such denial within seven days of receipt of an appeal. I hereby, appeal this application.

Signature _____ Date _____