



FREEDOM OF INFORMATION REQUEST

PLEASE PRINT

DATE: _____

DEPARTMENT: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

REPRESENTING: _____

I hereby apply to inspect the following record(s):

SIGNATURE

Please be advised that the Records Access Officer has five (5) business days* within which to acknowledge receipt of this application. Please send all requests to:

Mail:

City of Long Beach
ATTN: FOIL Officer
1 W. Chester Street
Long Beach, NY 11561

Email:

FOIL@longbeachny.org

***Please note:**

- Requests not sent to the above addresses will result in a delay in responding to your request.
- You have a right to appeal a denial of this application in writing, within 30 days of the date of denial, to the attention of the City Manager, at: City Hall, 1 West Chester Street, Long Beach, New York 11561, who must render a written decision explaining his affirmance or reversal of the denial within 10 business days of receipt of an appeal.

FOR DEPARTMENTAL USE ONLY

_____ Approved

_____ Denied

_____ Record of which this Department is Legal Custodian cannot be found

_____ Record is not maintained by this Department

Signature

Title

Date