

## **Freedom of Information Law (FOIL) Requests**

The Comsewogue Public Library responds to written requests for information under the Freedom of Information Law (FOIL).

### **Requesting Records**

Include the following in your request:

1. Specifically describe the record(s) you seek, including as much of the following as possible: document title, date/approximate date range, any additional information that will enable the Records Access Officer to identify the requested record(s).
2. Include a daytime phone number, so the Records Access Officer can contact you with questions/information regarding your request.

### **Submitting a Request**

By Mail: Debra L. Engelhardt, Records Access Officer/Library Director,  
Comsewogue Public Library, 170 Terryville Rd., Port Jefferson Station,  
NY 11776

By Fax: (631) 928-6307

By Email: [debbie@suffolknet.org](mailto:debbie@suffolknet.org)

### **Location and Time of Availability of Records**

Records made available pursuant to FOIL will be available for review and copying, upon appointment, weekdays between 9:30 a.m. – 4:30 p.m. at Comsewogue Public Library, 170 Terryville Rd., Port Jefferson Station, NY 11776.

### **Copying Fees:**

The fees for copying records shall be:

1. .25 cents per page, or
2. Actual costs of reproduction

For more information about the Freedom of Information Law, visit the Committee on Open Government at: <http://www.dos.ny.gov/coog/>

COMSEWOGUE PUBLIC LIBRARY

APPLICATION FOR ACCESS TO RECORDS

**I Hereby Apply to Review or Copy the Record(s) Described Below:**

Name of Applicant:	Telephone Number:
Name of Business Firm:	Street Address:
Name of Client Represented:	City State Zip Code
Signature of Applicant	Date of Application

**Description of Record Sought to Inspect:** Please describe the record sought in as specific detail as possible.

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If I desire copies of the records sought I hereby agree to pay the statutory fee (Cost of reproduction, \$.25 per page)  
Documents to be copied Yes  No

**To Be Completed By Agency Freedom of Information Officer**

Receipt of this request is acknowledged. You will receive a response as quickly as possible. Please allow Thirty (30) business days for processing before contacting this office.

**Please Note:** The Public Officer's Law requires that a municipality respond to this original request within five (5) business days. There is no specific time limit, however, as to the time to produce the documents.

Information Officer	Title	Date
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You have the right to appeal a denial of this application in writing to the Administration Office, 170 Terryville Road, Port Jefferson Station, New York 11776 – (631) 928-1212 within thirty (30) days of the denial.