



**VILLAGE OF GREAT NECK
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

Date: _____

**To: Records Access Officer
Village of Great Neck
767 Middle Neck Road
Great Neck, NY 11024**

Received By: _____
Date: _____

I hereby apply to inspect the following records:

Print Applicant's Name

Applicant's Signature

Street Address

Representing

City, State, Zip

Telephone#

E-mail Address

Fax Number (Optional)

FOR VILLAGE USE ONLY

Approved Inspection Date _____ **Department File** _____

Denied- For the reason (s) checked below:

___ **Confidential Disclosure**

___ **Part of Investigatory Files**

___ **Record Not Maintained by Village Hall**

___ **Unwarranted Invasion of Personal Privacy**

___ **Exempted by Statute Other Than the
Freedom of Information Act**

___ **Record of which the Village is Legal Custodian
Cannot be Found**

___ **Other (specify)** _____

Signature _____ **Title** _____ **Date** _____

NOTICE: You have a right to appeal a denial of this application to the Deputy Clerk or Clerk-Treasurer

Name _____ **Address** _____

Who must Fully Explain His/Her Reasons for Denial in Writing Within 7 days of Receipt of Appeal.

Signature _____ **Date** _____