

INC. VILLAGE OF MATINECOCK  
147 Forest Ave.  
Locust Valley, NY 11560  
Phone: 516-801-6000 Fax: 516-801-6524  
buildingdept@matinecockvillage.org

**FREEDOM OF INFORMATION LAW (FOIL) REQUEST**

Date: \_\_\_\_\_

To: Village Clerk

\_\_\_\_\_  
Name of Agency/Applicant

\_\_\_\_\_  
Address

I hereby apply to inspect the following record: If this is a property record include Section/Blk/Lot:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

.....**VILLAGE USE ONLY**.....

Approved \_\_\_\_\_

Denied (For the reason(s) checked below)

\_\_\_\_\_ Confidential Disclosure

\_\_\_\_\_ Part of Investigatory Files

\_\_\_\_\_ Unwarranted Invasion of Personal Privacy

\_\_\_\_\_ Record of which this agency is legal custodian, can't be found

\_\_\_\_\_ Record is not maintained by this agency

\_\_\_\_\_ Exempted by statute, other than the freedom of information

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THE AGENCY.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business Address

WHO MUST FULLY EXPLAIN HIS/HER REASONS FOR SUCH DENIAL IN WRITING, TEN DAYS OF RECEIPT OF AN APPEAL.

\_\_\_\_\_  
Signature