



**INCORPORATED VILLAGE OF SHOREHAM**  
**BUILDING DEPARTMENT**  
PO Box 389, Shoreham, New York 11786  
(631) 821-0680 – Fax (631) 821-4102  
[www.shorehamvillage.org](http://www.shorehamvillage.org)

**APPLICATION FOR PUBLIC ACCESS TO RECORDS (FOIL)**

**SECTION 1: TO BE COMPLETED BY APPLICANT**

I HEREBY APPLY TO REVIEW OR RECEIVE COPIES OF THE RECORDS DESCRIBED BELOW:

Name of Applicant:	Phone:
Name of Firm:	Business Address:
Name of Client:	City: State: Zip:
Signature of Applicant:	Date of Application:
Email Address:	
Department(s):	

**DESCRIPTION OF RECORD(S) SOUGHT TO INSPECT:**

Please describe the record(s) sought in as specific detail as possible (if applicable, please include dates, tax map numbers, file titles, and any other information that will help locate the record(s) desired. If you fail to do so, your request may be denied. The Freedom of Information Law is designed to provide access to records, not information. It is not intended to be a vehicle to question government officials or employees.

Please be advised, by signing this application, the applicant agrees that the record(s) requested shall not be utilized in any matter tending to constitute an unwarranted invasion of personal privacy. It is further agreed to indemnify and hold the Village of Shoreham harmless from any claim arising from any such unauthorized use of record(s) requested.

FEES: If a FOIL request asks for copies of the records sought, there will be a statutory fee (Cost of reproduction), which is \$0.25 per page. Postage will also be charged if applicable and the records are not picked up at Village Hall.

I hereby agree to pay the statutory fee and postage if applicable. Yes ☐ No ☐

RESPONSE: The Public Officer's Law requires that a municipality acknowledge receipt of the original FOIL request within five business days. Please allow 20 business days to receive the requested information or documents before contacting this office.

**SECTION 2: TO BE COMPLETED BY AGENCY, FREEDOM OF INFORMATION OFFICER**

Information Officer:	Title:	Date:
Sent to Department(s):	Date Sent:	
Documents Reproduced (Quantity):	Fee Calc:	Received:

**SECTION 3: NOTICE TO APPLICANT**

You have a right to appeal a denial of this application in writing within thirty (30) days of the denial. The designated person to hear appeals within the department shall respond to you in writing within ten (10) business days of receipt of your appeal.