



WESTBURY MEMORIAL PUBLIC LIBRARY

westburylibrary.org

445 Jefferson Street

Westbury, New York 11590

Phone (516) 333-0176

Fax (516) 997-0825

Policies and Procedures

FREEDOM OF INFORMATION LAW (FOIL) POLICY

The Westbury Memorial Public Library as a New York State governmental entity complies with the New York Freedom of Information Law (Public Officers Law, Article 6, Section 87, Freedom of Information Law).

The Assistant to the Director will be the Records Access Officer. A person may request information and records available to the public in the following manner:

- Use the Freedom of Information Request Form (available on the library's website or at the library) or direct the request in writing to the following address:
Adina Gunsburg, Records Access Officer
Westbury Memorial Public Library
445 Jefferson Street
Westbury, NY 11590
- Specify the records requested to be disclosed for inspection or to be copied. If you desire that any records be certified, you must specify which ones.
- Reimburse us our actual costs for reproducing and certifying (if requested) the records. You will be charged the following fees: \$.25 per page for employee-copied records, and \$1.00 per page for certification of records.
- The Records Access Officer will respond to a written request within five working days with an acknowledgement of receiving request. An additional 20 working days may be necessary to properly respond with requested information or denial of request.
- Records may be available for inspection in person, by appointment. A library employee must be present throughout the inspection.
- An appeal about the decision of the Records Access Officer may be made to the President of the Library's Board of Trustees, using the Freedom of Information Law Appeal form (also available on the library's website and at the library).

UPDATED: March 18, 2021



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FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

To: **Adina Gunsburg, Assistant to the Director**

Under the provisions of the New York Freedom of Information Law, Article 6, of the Public Officers Law, I hereby request records or portions thereof pertaining to (or containing the following):

(Please attempt to identify the records in which you are interested as clearly as possible.)

If there are any fees for copying the records requested, please inform me before filling the request, or you may supply the records without informing me if the fees are not in excess of \$

Name:

Address:

City, Zip: Phone:

SIGNATURE: _____ Date:

As per the Freedom of Information Law, Westbury Memorial Public Library must answer your request within five days of receipt of your request. We will call or write if there is a problem with your request. Should your request be denied, we will send you a letter explaining why your request was denied. Denied requests may be appealed to the President of the Library Board of Trustees if you believe you were unfairly denied access to the requested records.

FOR LIBRARY USE ONLY

APPROVED Record will be available on:

Please notify us when you would like to inspect the aforementioned document

DENIED (for the reason(s) checked below)

- Confidential Disclosure
- Part of investigatory file
- Would impair present or imminent contract award or collective bargaining negotiations
- Unwarranted invasion of personal privacy
- Related to employment, medical or credit histories, or personal references or employment applicants
- Record of which this Agency is the legal custodians cannot be found
- Record is not maintained by this Agency
- Exempted by Federal; or State statute
- Other

Library Director: _____ Date:

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FREEDOM OF INFORMATION LAW (FOIL) APPEAL FORM

This form must be completed and returned within 30 days of receiving a denial of your original FOIL request. As required by the Freedom of Information Law, the Records Appeals Officer is required to respond within 10 business days of the receipt of an appeal.

Please submit appeal request to:
Adina Gunsburg, Records Access Officer
Westbury Memorial Public Library
445 Jefferson Street
Westbury, NY 11590

I hereby appeal the denial of access regarding my request, which was made on _____ (date) and sent to Adina Gunsburg, Records Access Officer, Westbury Memorial Public Library, 445 Jefferson Street, Westbury, NY 11590.

The records that were denied include: _____
(describe the records that were denied to the extent possible)

My request was denied because: _____

I disagree with this denial because: _____

Name:

Address:

City, Zip: Phone:

SIGNATURE: _____ Date:

FOR OFFICE USE ONLY: If the records are denied on appeal, please explain the reason(s) for the denial fully in writing as required by law.