Mail Form To:
Records Management Officer
Glen Cove CDA/IDA
9 Glen St.
Glen Cove, NY 11542

Fax or Email Form To:
CDA/IDA: Fax: (516) 759-8389
Email: cbyrne@glencovecda.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

ATTN: RECORDS ACCESS OFFICER

CITY OF GLEN COVE COMMUNITY DEVELOPMENT AGENCY [ ]

INDUSTRIAL DEVELOPMENT AGENCY [ ]

(Check appropriate Agency)

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

_____

_____

_____

_____

_____

_____

_____

You will be contacted concerning your request within five (5) days of this application. There is a .25 cent charge for Photostatting each page of the size 9x14 inches or under. If the document is larger, the actual cost of duplicating thereof will be charged. A member of this Department or Agency will contact the applicant at his or her telephone number or address and notify the applicant of the date and place that the records will be available for examination or duplication.

_____ _____
Date

_____ _____
Signature Print name

_____ _____
Mailing Address Name of business/individual you represent

_____ _____
Mailing Address

_____ _____
Telephone & Fax Number Telephone & Fax Number

FOR AGENCY USE ONLY

Approved: Yes No
DENIED (for reason(s) checked below)

___ Confidential disclosure

___ Unwarranted invasion of personal privacy

___ Record of which this Department/Agency is legal custodian cannot be found

___ Record is not maintained by this Department/Agency

___ Exempted by statute other than Freedom of Information Act

___ Other: _____

_____ _____ _____