

APPLICATION FOR PUBLIC ACCESS TO RECORDS

ATTN: RECORDS ACCESS OFFICER

CITY OF GLEN COVE COMMUNITY DEVELOPMENT AGENCY []

LOCAL ECONOMIC ASSISTANCE CORP [] 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: _____