



Western Sullivan Public Library

FOIL POLICY

The Western Sullivan Public Library as a New York State governmental entity complies with the New York Freedom of Information Law-otherwise known as FOIL (Public Officers Law, Article 6, Section 87, Freedom of Information Law).

The Library Director will be the Records Access officer. A person may request information and records available to the public by following these instructions:

1. Use the Freedom of Information Law request form (attached).
2. Direct the request to the following address:
Records Access Officer
Western Sullivan Public Library
PO Box 594
Jeffersonville, NY 12748
3. The Library Director will respond to a written request within five working days or sooner if possible. An extension of an addition 15 working days may be necessary to properly respond and if so, the reason for this extension will be explained.
4. Upon approval of access, records may be available for inspection in person at no cost and by appointment. An employee must be present throughout the inspection.
5. Records may be copied for \$0.25 per page
6. If denied access, you may make an appeal about the decision of the FOIL officer to the president of the Board of Trustees, using the Freedom of Information Law Appeal form (attached).

Information about the Freedom of Information Law can be obtained from the Committee on Open Government:

Committee on Open Government
One Commerce Plaza
99 Washington Avenue, Suite 650
Albany, NY 12231
(518) 474-2518



Western Sullivan Public Library

Freedom of Information Law (FOIL) Request

To: Director, Western Sullivan Public Library

Date: __/__/__

Name (please print): _____

Signature : _____

Address: _____

Phone: _____

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):

Choose one:

- I am requesting an appointment to inspect the records at the Western Sullivan Public Library at no charge.
- I am requesting copies of all records. I understand that the fees are \$0.25 per page for employee-copied records.

As per the Freedom of Information Law, the Western Sullivan 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 Board of Trustees if you believe you were unfairly denied access to the requested records.

Space below is for Library use.

Date of Decision:

Decision (circle one): Approved Denied

If denied, please state why:



Western Sullivan Public Library

Freedom of Information Law (FOIL) Appeal

To: President, Western Sullivan Public Library Board of Trustees

Date: _____

Name (please print): _____

Signature: _____

Address: _____

Phone: _____

I hereby appeal the denial of access regarding my request, which was made on ___/___/___ and sent to _____.

The records that were denied include (*Please attempt to identify the records which you are denied access to as clearly as possible*):

As per the Freedom of Information Law, the President of the Board of Trustees must answer your request within ten days of receipt of your request. Should your request be denied again, we will send you a letter explaining why your request was denied. In keeping with New York State law, a copy of the verdict on your appeal will be sent to the Committee on Open Government, Department of State, 41 State Street, Albany, New York 12231, regardless of the verdict.

Space below is for Library use.

Date of Decision:

Decision (circle one): Approved Denied

If denied again, please state why: