



**TO:** Records Access Officer  
Village of West Haverstraw  
130 Samsondale Avenue  
West Haverstraw, NY 10993  
**Fax:** 845-947-1560  
**E-mail:** ckopf@westhaverstraw.org

**FROM:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

I hereby request approval to inspect the following record(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit FOIL request via any of the following options:

Email: ckopf@westhaverstraw.org  
Fax: 845-947-1560  
Mail: 130 Samsondale Avenue, West Haverstraw, NY 10993  
Hand Deliver: 130 Samsondale Avenue, West Haverstraw, NY 10993

*NOTE: In connection with making records promptly available, both courts and opinions of the Committee on Open Government point to provisions of Public Officers Law, Article 89 (3), which requires that "within five (5) business days of the receipt of a written request...will be acknowledged."*

*(F.O.I.L. requests are subject to fees)*

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***For Village of West Haverstraw Use Only***

Approved  Denied  Inspection Only  Completed

No. of Pages: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_

For reason(s) checked below:

- \_\_\_ A. Confidential Disclosures - Part of Investigative files
- \_\_\_ B. Unwarranted invasion of personal privacy
- \_\_\_ C. Record of which this agency is legal custodian cannot be found
- \_\_\_ D. Record is not maintained by this agency
- \_\_\_ E. Exempt by Statute other than the Freedom of Information Act
- \_\_\_ F. Other (specify): \_\_\_\_\_

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Signature

Title

Date