

**To: Incorporated Village of Malverne  
99 Church Street  
Malverne, NY 11565**

I HEREBY APPLY TO EXAMINE THE FOLLOWING RECORD(S) PURSUANT TO THE NEW YORK STATE FREEDOM OF INFORMATION ACT.

List items to be examined. Reproduction cost: 25 cents per copy.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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Applicant (Print Name)	Applicant's Signature	Date
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Applicant's Mailing Address	City	State	Zip	Area code & Phone No.
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*For Agency Use Only*

[ ] Approved

_____	_____	_____
Signature	Title	Date

[ ] Denied

_____	_____	_____
Signature	Title	Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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You have the right to appeal a denial to the head of this agency in writing addressed to:  
Keith M. Corbett, Mayor  
Incorporated Village of Malverne  
99 Church Street  
Malverne, NY 11565