

**Heermance Memorial Library
Freedom of Information Law (FOIL) Policy**

The Heermance Memorial Library as a New York State governmental entity complies with the New York Freedom of Information Law (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 in the following manner:

- Use the Freedom of Information Law request form (attached).
- Direct the request to the following address:
Records Access Officer
Heermance Memorial Library
1 Ely Street
Coxsackie, NY 12051
- Specify the records requested to be disclosed for inspection or to be copied. If you desire that any records be certified, you must specify which ones.
- Reimburse us our actual costs for reproducing and certifying (if requested) the records. You will be charged the following fees: \$0.25 per page for employee-copied records, and \$1.00 per page for certification of records.

The Records Officer 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.

Records may be available for inspection in person, by appointment, at no cost. An employee must be present throughout the inspection.

An appeal about the decision of the FOIL officer may be made 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

Adopted by the Board of Trustees of the Heermance Memorial Library September 6, 2012

Heermance Memorial Library

1 Ely Street
Coxsackie, NY 12051
(845) 339-4260

<http://www.hml.lib.ny.us>

Freedom of Information Law (FOIL) Request

To: Director, Heermance Memorial 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)

(Please attempt to identify the records in which you are interested as clearly as possible).

If there are any fees for copying the records requested, please inform me before filling the request, or you may supply the records without informing me if the fees are not in excess of \$_____.

As per the Freedom of Information Law, Heermance Memorial 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): **Approved** **Denied**

If denied, please state why:

(Remember: If your request is denied, you may still appeal the decision to the President of the Board of Trustees)

Heermance Memorial Library

55 Franklin Street
Kingston, NY 12401
(845) 339-4260

<http://www.kingstonlibrary.org>

Freedom of Information Law (FOIL) Appeal

To: President, Heermance Memorial 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 in 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): **Approved**

Denied

If denied again, please state why: