Freedom of Information Law (FOIL)

Created: 6/20/23

Revised: Reviewed:

Powers Library, as a New York State Association Library, complies with the New Your Freedom of Information Law (Public Officers Law, Article 6, Section 87, Freedom of Information Law).

A person may request information and records available to the public in the following manner:

• Use the Freedom of Information Law request form (below). Direct the request to the following address:

Library Director Powers Library 29 Church Street PO Box 71 Moravia, NY 13118

- Specify the records requested or to be disclosed for inspection or to be copied. If you want any records to be certified, you must specify which ones.
- Reimburse the Powers Library for our actual costs for reproducing and, if required, certifying the records.
 - You will be charged the following fees: \$0.25 per page for employeecopied records, and \$1.00 per page for certification of records.
- Records may be available for inspection in person at no cost and by appointment. An employee must be present throughout the inspection.
- The Library Director will respond to a written request for information within five (5) working days, or sooner if possible. An extension of an additional fifteen (15) working days may be necessary to properly respond and, if so, the reason for this extension will be explained.

Powers Library – Moravia, NY

Appeal

To appeal against a decision of the Director, you must complete a **Freedom of Information Law Appeal Form** (which can be provided by the Director). This form should be sent to the President of the Board of Trustees, using the Freedom of Information Law Appeal Form (which can be provided by the Director).

Information about the Freedom of Information Law can be obtained from the New York State Committee on Open Government.

Powers Library - Moravia, NY

FOIL Request for Records

Re: Freedom of Information Law Request for Records

Powers Library 29 Church Street PO Box 71 Moravia, NY 13118

Dear Library Director:

Under the provisions of the New York Freedom of Information Law, Article 6 of
the Public Officers Law, I hereby request a copy of records or portions thereof
pertaining to (or containing the
following)

(identify/describe the records and provide all relevant information and include dates of records if possible).

I understand there is a fee of \$.25 per page for duplication of the records requested. (OPTIONAL: If the fee exceeds \$ _____, please contact me before duplicating the records.)

As you know, the Freedom of Information Law requires that an agency respond to a request within five business days of receipt of a request. Therefore, I would appreciate a response as soon as possible and look forward to hearing from you shortly.

If for any reason any portion of my request is denied, please inform me of the reasons for the denial in writing and provide the name and address of the person or body to whom an appeal should be directed.

Sincerely,

Signature/Name/Address/City, State, ZIP code; Email Address/Phone Number

Powers Library – Moravia, NY

Form for Filing an Appeal from a Denial of a FOIL Request for Records

President, Powers Library Board of Trustees 29 Church Street PO Box 71 Moravia, NY 13118
Re: Freedom of Information Law Appeal
Dear Board President:
I hereby appeal the denial of access regarding my request, which was made on (date) and sent to (Director/records access officer).
The records that were denied include: (describe the records that were denied to the extent possible).
As required by the Freedom of Information Law, the head or governing body of ar agency, or whoever is designated to determine appeals, is required to respond within 10 business days of the receipt of an appeal. If the records are denied on appeal, please explain the reasons for the denial fully in writing as required by law.
In addition, please be advised that the Freedom of Information Law directs that all appeals and the determinations that follow be sent to the Committee on Open Government, Department of State, 41 State Street, Albany, New York 12231.
Sincerely,
Signature
Name Address City, State, ZIP code