

City of Glen Cove

9 Glen Street, Glen Cove, NY 11542

(516) 676-3345

F.O.I.L.



PLEASE TYPE

DATE: _____

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

REPRESENTING: _____

I hereby apply to inspect the following record(s): please include address and section, block, lot if applicable

SIGNATURE

All reasonable requests for documents desired shall be acknowledged within five (5) and respond within twenty (20) business days. All requests should reasonably describe the specific record sought.

There is a fee of \$0.25 cent per page (not to exceed 9 X 14). If the document is larger, the actual cost of duplicating will be charged.

Any person denied access to records may appeal within thirty days of a denial.

Mail: City of Glen Cove
ATTN: City Clerk
9 Glen Street
Glen Cove, NY 11542

Email:
gtumminello@glencoveny.gov

FOR DEPARTMENTAL USE ONLY

Received: _____

Ackn: _____

Due: _____

Sent to: _____

Completed: _____