

**Pamela D. Panzenbeck**  
Chairman

**Ann S. Fangmann**  
Executive Director

**Phone: (516) 676-1625**  
**Fax: (516) 759-8389**



# GLEN COVE

## COMMUNITY DEVELOPMENT AGENCY INDUSTRIAL DEVELOPMENT AGENCY LOCAL ECONOMIC ASSISTANCE CORP.

City Hall, 9 Glen Street, Glen Cove, NY 11542

### FREEDOM OF INFORMATION LAW REQUEST FORM

**PLEASE PRINT OR 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:** Glen Cove  
CDA/IDA/LEAC  
ATTN: Records  
Management Officer  
9 Glen Street  
Glen Cove, NY 11542

**Email/FAX:**  
**(516) 759-8389**  
[cbyrne@glencovecda.org](mailto:cbyrne@glencovecda.org)

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Received: \_\_\_\_\_ Ackn: \_\_\_\_\_ Due: \_\_\_\_\_ Sent to: \_\_\_\_\_ Completed: \_\_\_\_\_