



## Clarence Public Library

### Freedom of Information Law (FOIL) Policy

*This policy is for application to the Clarence Public Library*

#### I. Purpose and Scope

This Policy provides information about how members of the public can access records of the Clarence Public Library (CPL). This Policy applies to the Clarence Public Library in Clarence, NY.

The Clarence Public Library will furnish to the public the information and records required to be disclosed by the New York State Freedom of Information Law (Article 6, Sections 84-90, of the Public Officers Law), and other applicable laws. FOIL allows members of the public the right to access government records, with certain exceptions. The full text of the FOIL law, guidance issued by the New York State Committee on Open Government, and other information about the law can be found on the Committee's website, <http://www.dos.ny.gov/coog/index.html>.

#### II. Designation of Records Access Officers

- A. The Library shall designate an appropriate employee or employees as "Records Access Officers" for the CPL, and shall identify the Records Access Officers as such in materials available to the public.
- B. The records access officers are responsible for ensuring that the CPL appropriately responds to public requests for access to Library records. The designation of records access officers shall not be construed to prohibit other Library officials, including those who may have been authorized to make records or information available to the public in the past, from continuing to do so.

#### III. Requests for Public Access to CPL Records

- A. All requests for records must be in writing, either in letter format or using the CPL's FOIL Application Form. Requests can be:

- Mailed to the Records Access Officer(s) at the following address:

Clarence Public Library  
Director's Office, Records Access Officer  
3 Town Place  
Clarence, NY 14031

- Faxed to (716) 741-1243; or
- E-mailed to the Records Access Officer at CLA@buffalolib.org.

B. All requests for access to records must include contact information of the requestor, including a telephone number and mailing address.

C. All requests must include a detailed description of the records that are being sought including, but not limited to, dates, titles, file designations, or any other information that will assist the ATPL in locating the requested records.

#### **IV. B&ECPL Response to Requests for Public Records**

A. Within five (5) business days of the receipt of a compliant written request, the CPL will:

1. Make the record available to the requestor;
2. Furnish a written acknowledgement of the receipt of the request and a statement of the approximate date when the information will be made available; or
3. Deny access in writing, and state the basis for denying access.

B. A denial of access to any record will be sent in writing, and will summarize the reason for the denial, and provide information on how to appeal such denial.

C. If the CPL does not respond to a request in accordance with Section IV.A, the request should be considered to have been denied.

#### **V. Appealing a Denial of Access**

A. All appeals of a denial of a request for an CPL record must be submitted in writing within 30 days of the denied request, either in letter format or using the CPL's FOIL Appeal Form. An appeal may be

1. Mailed to:

Clarence Public Library  
Library Board President, FOIL Appeals Officer  
3 town Place  
Clarence, NY 14031 -or

2. Faxed to (716) 741-1243; or

3. E-mailed to the FOIL Appeals Officer at CLA@buffalolib.org

B. The CPL's FOIL Appeals Officer shall be the Library Board President.

- C. An appeal must include the date of the original FOIL request, a detailed description of the records that are being sought including but not limited to dates, titles, file designations, or any other information that will help the CPL to find the requested records, and the reason provided for the denial.
- D. The CPL FOIL Appeals Officer will independently review the withheld records and the basis for withholding them. The CPL FOIL Appeals Officer will respond in writing to the appealing party within ten (10) business days after the appeal is perfected with his or her determination as to whether the requested records were properly withheld or must be released.
- E. Copies of all appeals and the determinations will be sent by the CPL to the Committee on Open Government pursuant to Section 89(4)(a) of the Public Officers Law.

## **VI. Fees**

- A. The CPL reserves the right to charge the requester for costs in accordance with Sections 87(1)(b)(iii) and 87(1)(b) and (c) of the Public Officers law.
- B. There shall be no fee charged for merely inspecting or searching for records.

*Adopted by the Clarence Public Library Board of Trustees on May 24, 2021*

Clarence Public Library  
Freedom of Information Law (FOIL)  
APPLICATION FOR PUBLIC ACCESS TO RECORDS

*This Form is for application to the Clarence Public Library*

MAIL TO: Director, Clarence Public Library  
FOIL Records Access Officer  
3 Town Place  
Clarence, New York 14031

I hereby apply to (1) inspect ( ) or (2) obtain a copy of ( ) the following record:

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

( ) \_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Representing**

\_\_\_\_\_  
**e-mail**

\_\_\_\_\_  
**Mailing Address**

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FOR AGENCY USE ONLY

Approved ( )

Denied for the reason(s) checked below

- ( ) Confidential Disclosure
- ( ) Part of investigatory files
- ( ) Unwarranted invasion of personal privacy
- ( ) Record of which the Clarence Public Library is legal custodian cannot be found
- ( ) Record is not maintained the Clarence Public Library
- ( ) Exempted by statute other than the Freedom of Information Act
- (Other (Specify)\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Received

\_\_\_\_\_  
Date

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Clarence Public Library  
Freedom of Information Law (FOIL)  
APPEAL REQUEST FORM

*This Form is for application to the Clarence Public Library*

MAIL TO: Director, Clarence Public Library  
FOIL Records Access Officer  
3 Town Place  
Clarence, New York 14031

I hereby appeal:

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

( ) \_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Representing**

\_\_\_\_\_  
**e-mail**

\_\_\_\_\_  
**Mailing Address**

Date of Original Request: \_\_\_\_\_

Records Requested:

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Reason provided for denial:

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FOR AGENCY USE ONLY

Denial Upheld ( )

Signature: \_\_\_\_\_

Denial Reversed ( )

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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