



Freedom of Information Law Policy

The Roeliff Jansen Community Library (Library) has adopted this Freedom of Information Law (FOIL) Policy to ensure transparency of records and administration of documents.

The primary goals of the Library's FOIL Policy is to establish:

- The administrator of Library records;
- The process for requesting information from the Library; and
- The Library's process for responding to information requests.

New York State's FOIL allows members of the public access to records from certain agencies. The full scope of Public Officers Law Article 6 §87 can be found on the New York State Committee on Open Government website.

As an Association Library, the Library is not a municipal, school district, or legislative district entity. Therefore the Library is not bound to conform to the requirements of FOIL. However, the Library endeavors to meet expectations of transparency and will consider all information requests made pursuant to FOIL.

ADMINISTRATION

The Library Director is the administrator of Library records. The Director will receive, process, and respond to all inquiries relating to the availability of Library records pursuant to FOIL.

REQUESTS

Requests shall be submitted in the following manner:

- Use the FOIL Policy request form (attached).
- Direct the request to the following address:
Library Director
Roeliff Jansen Community Library
P. O. Box 669
Hillsdale, NY 12529

or to director@roejanlibrary.org

- Specify the records requested to be disclosed for inspection or to be copied. If you want any records certified, you must specify which ones.
- Reimburse the Library for reproducing and certifying (if requested) the records: \$.20 per page for employee-copied records, and \$1.00 per page for certification of records.

PROCESS

The Roeliff Jansen Community Library will strive to answer requests within ten business days of the date received. When an extension is necessary to properly respond, the reason for this extension will be explained and the expected response date will be provided.

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

If a request is denied, the denial may be appealed to the president of the Board of Trustees using the FOIL Policy form (attached).

In the event that the Library responds to a FOIL request for an employee's (past or present) disciplinary record, the Library will notify the employee of the release of that information.

Adopted by the Board of Trustees, September 9, 2014

Reviewed and Amended, April 19, 2022

Reviewed and Amended, November 19, 2024

Roeliff Jansen Community Library
Freedom of Information Law (FOIL) Policy Request

To: Director, Roeliff Jansen Community Library

Date: __/__/____

Name (please print):

Signature:

Address:

Phone:

Under the Roeliff Jansen Community Library Freedom of Information Law Policy, I hereby request records or portions thereof pertaining to (or containing the following):

Choose one:

- I am requesting an appointment to inspect the records at the Roeliff Jansen Community Library (Library) at no charge.

- I am requesting copies of all records. I understand that the cost is \$.20 per page for employee-copied records, and \$1.00 per page for certification of records.

I hereby request records or portions thereof pertaining to (or containing the following):

Per its FOIL Policy, the Library endeavors to answer your request within ten 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 wish to appeal the denial to access to the requested records.

Space below is for Library use.

Date of Decision: __/__/____

Decision:

____ Approved ____ Denied

If denied, please state why:

Roeliff Jansen Community Library
Freedom of Information Law (FOIL) Appeal

To: President, Roeliff Jansen Community 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).
