Town Clerk

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Town of Islip

FREEDOM OF INFORMATION LAW (F.O.I.L.)
APPLICATION FOR ACCESS TO PUBLIC RECORDS

SECTION 1 – TO BE COMPLETED BY APPLICANT
I HEREBY APPLY TO REVIEW OR HAVE COPIED THE RECORD(S) DESCRIBED BELOW:

Name of Applicant:	**Mailing Address of Applicant (include suite if applicable):**
Name of Business or Firm:	**City:** **State:** **Zip Code:**
Signature of Applicant:	**Date of Application:**
Telephone Number:	**Department if known:**

DESCRIPTION OF RECORD SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the record(s) sought in as specific detail as possible, with address, date or time frame, if applicable. If we cannot determine what record(s) you seek, your application will be denied. Under the NYS FOIL Law, the Town of Islip is **only** required to supply **DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6).**

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FEE SCHEDULE

Be advised that there is a statutory fee due ($.25 per page, not in excess of 9x14) for copies. For anything else, including digital formats, cost of reproduction will be charged. Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

SECTION 2 – TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER

Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing before contacting this office. **A copy of this form is being mailed to you indicating your request is being processed.**

_____	_____	_____
Date	**Records Access Officer**	**Application Number**

Office of the Town Attorney, 655 Main Street, Islip, NY 11751 (631) 224-5550

Please note: The Public Officer's Law requires a municipality to acknowledge receipt of this FOIL request within five (5) business days.