# Freedom of Information Law Application (F.O.I.L.)—Application for Access to Public Records

**Instructions:** Complete the Section 1 and submit to Office of Town Clerk, 655 Main Street, Islip New York 11751 (f) 631-224-5574

**PLEASE TYPE OR PRINT CLEARLY**

## SECTION 1 – TO BE COMPLETED BY APPLICANT

I HEREBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. NAME OF APPLICANT:</td>
<td>5. MAILING ADDRESS (include suite if applicable):</td>
</tr>
<tr>
<td>2. NAME OF BUSINESS FIRM:</td>
<td>6. CITY:</td>
</tr>
<tr>
<td>3. SIGNATURE OF APPLICANT:</td>
<td>7. STATE:</td>
</tr>
<tr>
<td>4. TELEPHONE NUMBER:</td>
<td>8. ZIP CODE:</td>
</tr>
<tr>
<td>9. DATE OF APPLICATION:</td>
<td></td>
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<td>10. DEPARTMENT IF KNOWN:</td>
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**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 the Town of Islip is **only** required to supply DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6).

**FEE SCHEDULE**

Be advised there is a statutory fee due ($0.25 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.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Records Access Officer</th>
<th>Application Number</th>
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</table>

Office of Constituent Services, 655 Main Street, Islip New York 11751 631-224-5380

**PLEASE NOTE:** The Public Officer’s Law requires that a municipality acknowledge receipt of a FOIL request within five (5) business days.
A deposit in the amount of $__________ is required before we can continue to process your FOIL application, as it is voluminous. Please forward a check payable to “Town of Islip” in the deposit amount to Records Access Officer, Constituent Services, 655 Main Street, Islip, New York 11751. For questions, please call 224-5380.

RECORDS PROVIDED:

☐ The records have been fully provided.  ☐ The records have been partially provided or redacted.

☐ The document(s) you requested are available. The cost of reproduction is $___________________.

Please bring your cash, check or money order payable to the “Town of Islip” and submit to Town of Islip--Town Clerk’s Office, 655 Main Street, Islip, NY 11751.

☐ Please call 631-224-5380 to schedule an appointment to view documents.

☐ Redaction fee due $_____________ at time of appointment

RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED

☐ Request needs to be more specific because cannot determine what record(s) you seek

☐ Records not possessed by the Town of Islip

☐ After diligent search, there are no known documents that are responsive to your request

☐ Municipalities are not required to respond to questions or inquiries, only to provide documents

☐ Exempted by statute other than the Freedom of Information Law

☐ Unwarranted invasion of personal privacy

☐ Would impair present or imminent contract awards or collective bargaining negotiations

☐ Law Enforcement records

☐ Are trade secrets or commercial enterprise documents which if disclosed would cause injury to the competitive position of the subject enterprise

☐ Complainant’s name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a)

☐ Would endanger the life or safety of any person

☐ Municipalities are only required to search for specific documents requested

☐ Exempt inter-agency or intra-agency materials

☐ Exempt examination questions or answers

☐ Other

Name of Records Access Officer:  Records Access Officer’s Signature:  Date:

This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter it will be destroyed.

NOTICE: You have the right to appeal a denial of this application to Ernest J. Cannava, Senior Assistant Town Attorney, Islip Town Hall, 655 Main Street, Islip, NY 11751. You are entitled to an explanation of the reason for such denial in writing within ten (10) days of receipt of the appeal.

I hereby appeal: ________________________________

Signature  Date