

Application Number

AGENCY USE ONLY

FOR AGENCY USE ONLY BELOW

SECTION 3- NOTICE TO APPLICANT

DEPOSIT REQUIRED

- 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

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Request needs to be more specific because cannot determine what record(s) you seek <input type="checkbox"/> Records not possessed by the Town of Islip <input type="checkbox"/> After diligent search, there are no known documents that are responsive to your request <input type="checkbox"/> Municipalities are not required to respond to questions or inquiries, only to provide documents <input type="checkbox"/> Exempted by statute other than the Freedom of Information Law <input type="checkbox"/> Unwarranted invasion of personal privacy <input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations <input type="checkbox"/> Law Enforcement records | <ul style="list-style-type: none"> <input type="checkbox"/> Are trade secrets or commercial enterprise documents which if disclosed would cause injury to the competitive position of the subject enterprise <input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a) <input type="checkbox"/> Would endanger the life or safety of any person <input type="checkbox"/> Municipalities are only required to search for specific documents requested <input type="checkbox"/> Exempt inter-agency or intra-agency materials <input type="checkbox"/> Exempt examination questions or answers <input type="checkbox"/> 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