

Town Clerk NED 2024 Date Stamp Here SOFF OF

Name of Applicant:



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):		
Kevin Smith	2605 Maitland Center Parkway, Suite C		
Name of Business or Firm:	City:	State:	Zip Code:
Stellar Innovations	Maitland,	FL	32751
Signature of Applicant: Signod via SeamlogaDocs.com Kevin Smith Koy: 4641 497263401 776701 199500090506953	Date of Applica 04-07-20		
Telephone Number:	Department if	known:	
03022619069			
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 timeframe, 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). 49 OTIS RD, ISLIP TERRACE NY 11752 / parcel: 05002530003000520000000 CODE ENFORCEMENT // PERMITTING // SPECIAL ASSESSMENT Our firm has been requested to research the referenced property for any			
BUILDING PERMITS, CODE VIOLATION & SPECIAL ASSESSMENT FEES on record on this property			
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. Application Number			