Town Clerk ISLIP

APR 3 2024

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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: | Date of Application 04-07-2024 | | · |
| Telephone Number: | Department if kn | own: | |
| 03022619069 | Code and Perr | mitting | |
| DESCRIPTION OF RECORD SOUGHT TO INSPECT AND record(s) sought in as specific detail as possible, with address, darwhat record(s) you seek, your application will be denied. Under the supply DOCUMENTS THAT ALREADY EXIST (NYS POL. 50 WILLOW ST, CENTRAL ISLIP NY 11722 / parcel: 05 CODE ENFORCEMENT // PERMITTING // SPECIAL AS Our firm has been requested to research the reference BUILDING PERMITS, CODE VIOLATION & SPECIAL AS | te or timeframe, if a the NYS FOIL Law, Article 6). 50040900050003 SESSMENT ed property for a | pplicable. If we cannot the Town of Islip is 6 | ot determine only required to |
| FEE SCHEI Be advised that there is a statutory fee due (\$.25 per page, not in edigital formats, cost of reproduction will be charged. Deposits make be paid for any pages required to be redacted prior to viewing a fill company who fails to pay any outstanding FOIL fees due for a prispecifically requested otherwise. | excess of 9x14) for cay be required for volle. FOIL requests w | oluminous requests. C | Copy fees are to |
| SECTION 2 – TO BE COMPLETED BY AGENCE Receipt of this request is hereby acknowledged. Please allow Two this office. A copy of this form is being mailed to you indicating the Date Records Access Officer Office of the Town Attorney, 655 Main Street, Islip, NY 11751 Please note: The Public Officer's Law requires a municipality to acknowledge re- | enty (20) business dang your request is b | ays for processing before eing processed. Application | tion Number |
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