

Date Stamp Here



Mailing Address of Applicant (include suite if applicable):

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):		
Alfred Banks	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:		
Alfred banks	10/27/2023		
Telephone Number:	Department if known:		
3022619069 Email: MLS@stellaripl.com			
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). Please advise if the address has any OPEN/PENDING/EXPIRED Permits & demolition permits that need attention and any fees due currently · (If Yes Provide Permit Number and Type) Also advise if there are any Code Violation or fines due that needs attention currently · (if Yes, Provided Case Number & Type) Any unrecorded liens/fines/special assessments due. Property Address: 1242 FERNDALE BLV, CENTRAL ISLIP, NY 11722 Parcel: 05001630004000530000000 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. O 3/33 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.

Application Number: 02377				
	FOR AGENCY USE ONLY BELOW			
	SECTION 3 – NOTICE	E TO APPLICANT		
	DEPOSIT RE			
	Before we may continue continue processing your FOIL Application, a deposit in the amount of \$ is required			
	within thirty (30) days of this response. Please forward a check payable to the "Town of Islip" in the deposit amount			
	to the attention of the Records Access Officer, Office of the Town Attorney, 655 Main Street, Islip, New York 11751. For questions, please call (631) 224-5550. If we do not receive your deposit within thirty (30) days of this response,			
	your FOIL will be deemed closed.			
	RECORDS PR			
	☐ 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 \$ 5. Please bring your cash, check or			
	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 the Town of Islip-Town Clerk's Office, 655 Main Street,			
	Islip, NY 11751. If necessary, please contact the Records A	Access Officer at (631) 224-5550 to make other		
	arrangements for the receipt of your documents if you are unable to pick them up in our Town Clerk's Office.			
	Please call (631) 224-5550 to schedule an appointment to v	iew the documents requested. If we are not contacted		
	within thirty (30) days to schedule a viewing, your FOIL w			
	within thirty (50) days to senedate a viewing, your 1 ord vie			
	A redaction fee in the amount of \$ is	due at the time of viewing appointment.		
RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED				
	Request needs to be more specific because cannot	☐ Complainant's name cannot be disclosed pursuant		
	determine what record(s) you seek	to the Public Officers Law Article 6A, Sec. 89-2(a)		
	Records not possessed by the Town of Islip	 □ Could endanger the life or safety of any person □ Municipalities are not required to respond to 		
Ш	open, demo permits or liens	☐ Municipalities are not required to respond to questions or inquiries, only to provide documents		
	After a diligent search, no documents were found	☐ Unwarranted invasion of personal privacy		
	responsive to your request.	☐ Exempt inter-agency or intra-agency materials		
0		☐ Would impair present or imminent contract awards		
#	If a record exists, would be a law enforcement record. Please contact our Code Enforcement Department at	or collective bargaining negotiations		
	(631) 224-5548 for a violation search – a fee applies.	☐ Exempted by statute other than the Freedom of Information Law		
		Exempt examination questions or answers		
	Law Enforcement Records			
	Are trade secrets or commercial enterprise documents	Up may want to contain		
	which if disclosed, would cause injury to the competitive	J. C. Air County Clark		
	position of the subject enterprise	you may want to contact the SUPOIK County Clark as well regarding your		
	Municipalities are only required to search for specific	as well regulately good		
	documents requested that are in existence	lien represt.		
Name of Records Access Officer: Records Access Officer Signature:				
X LORI J. HAHN X 11 2-1 23				
This Forder of Left waster Dequest will be mail on file for him (6) months from the date of final determination				

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

You have the right to appeal a denial of this application in writing within thirty (30) days to Ernest J. Cannava, Senior Assistant Town Attorney, Islip Town Hall, 655 Main Street, Islip, New York 11751. You are entitled to an explanation of the reason for such denial in writing within ten (10) business days of the appeal.

I hereby appeal:		
	Signature	Date