

Application Number

FOR AGENCY USE ONLY BELOW
SECTION 3 - NOTICE TO APPLICANT

DEPOSIT REQUIRED

- Before we may 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, Building Department, One Manittou Court, Islip, New York 11751. For questions, please call (631) 224-5470. If we do not receive your deposit within thirty (30) days of this response, your FOIL will be deemed closed.

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 the Building Department, One Manittou Court, Islip, NY 11751. If necessary, please contact the Records Access Officer at (631) 224-5470 to make other arrangements for the receipt of your documents if you are unable to pick them up at our Building Department.
- Please call (631) 224-5470 to schedule an appointment to view the documents requested. If we are not contacted within thirty (30) days to schedule a viewing, your FOIL will be deemed closed.
- A redaction fee in the amount of \$ _____ is due at the time of viewing 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 checked="" type="checkbox"/> After a diligent search, there are no known documents that are responsive to your request.
<i>no open permits</i> <input type="checkbox"/> If a record exists, would be a law enforcement record. Please contact our Code Enforcement Department at (631) 224-5548 for a violation search - a fee applies. <input type="checkbox"/> Law Enforcement Records <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"/> Municipalities are only required to search for specific documents requested that are in existence. | <ul style="list-style-type: none"> <input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A, Sec. 89-2(a) <input type="checkbox"/> Could endanger the life or safety of any person <input type="checkbox"/> Municipalities are not required to respond to questions or inquiries, only required to provide specific documents requested that are in existence <input type="checkbox"/> Unwarranted invasion of personal privacy <input type="checkbox"/> Exempt inter-agency or intra-agency materials <input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations <input type="checkbox"/> Exempted by statute other than the Freedom of Information Law <input type="checkbox"/> Exempt examination questions or answers <input type="checkbox"/> Other: |
|--|---|

Name of Records Access Officer:

X Cindy Auciello

Records Access Officer Signature:

X Cindy Auciello

Date:

X 11/20/04

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