

RECEIVED

DEC 19 2022

FOIL

Freedom of Information Request,

The Freedom of Information Law ("FOIL"), Article 6 (Sections 84-90) of the NYS Public Officers Law, **provides the public right to access to records maintained by government agencies.** Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or documents of: Islip Town where funds are paid from, for Ambulance co-pays 2020 to present.

If Foil is asked to be viewed, please advise me of the appropriate time during normal business hours for inspecting the records prior to obtaining copies.

# X\_\_\_ELECTRONIC FORM

If the requested records cannot be emailed to me due to the volume of records identified in response to my request, please advise me of the actual cost of copying all records onto a CD or floppy disk.

If my request is too broad or does not reasonably describe the records, please contact me via email so that I may clarify my request, and when appropriate inform me of the manner in which records are filed, retrieved or generated.

The records that were denied include: \_\_\_\_\_ (describe the records that were denied to the extent possible and, if possible, offer reasons for disagreeing with the denial, i.e., by attaching an opinion of the Committee on Open Government acquired for its website).

Submitted by:

Patricia Montanino

Patricia Montanino 28 Campbell Lane East Islip, NY 11730

Town Clerk

Date Stamp Here



### FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS

Instructions: Complete Section 1 and submit to Office of Town Clerk, 655 Main Street, Islip, NY 11751 (f) 631-224-5574 PRINT TYPE OR PRINT CLEARLY

#### SECTION 1 - TO BE COMPLETED BY APPLICANT

I HEREBY APPLY TO REVIEW OR HAVE CO	PIED THE R	ECORD(S) DESCRI	BED BELOW:		
Name of Applicant:	Mailing Address of Applicant (include suite if applicable):				
Name of Business or Firm:	City:	State:	Zip Code:		
•			•		
Signature of Applicant:	Date of Appl	ication:			
Telephone Number:	Department	if known:			
DESCRIPTION OF RECORD SOUGHT TO INSPECT AND record(s) sought in as specific detail as possible, with address, dat					
what record(s) you seek, your application will be denied. Under t					
supply DOCUMENTS THAT ALREADY EXIST (NYS POL		oun, me roun or imp	is <u>only</u> required to		
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Be advised that there is a statutory fee due (\$.25 per page, not in e					
digital formats, cost of reproduction will be charged. Deposits mabe paid for any pages required to be redacted prior to viewing a fil					
company who fails to pay any outstanding FOIL fees due for a pri		-			
specifically requested otherwise.	of I OIL reques	st. Copies will be prep	ared uniess		
SECTION 2 – TO BE COMPLETED BY AGENC	Y RECORDS	ACCESS (FOIL) OF	FICER		
Receipt of this request is hereby acknowledged. Please allow Twe					
this office, A copy of this form is being mailed to you indicatin	g your request	t is being processed.			
2 blb L Lu Ml		m	12225		
Date Reports Access Officer	$\sim$	Anni	12233 lication Number		
Date Nector us/Access Officer		Аррі	ication (willber		
Office of the Town Attorney, 655 Main Street, Islip, NY 11751	(631) 224-555	50			
Please note: The Public Officer's Law requires a municipality to acknowledge re	eceipt of this FOII	request within five (5) busi	iness days.		

Application Number	· 4 ^	, ,		15
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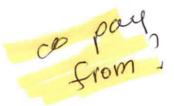
#### FOR AGENCY USE ONLY BELOW SECTION 3 – NOTICE TO APPLICANT

	SECTION 3 – NOTIC	ETC	DAPPLICANT		
	DEPOSIT R	EQU	IRED		
			provided of reducted.		
	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. Upon arrival, please call (631) 224-5490 to advise you are picking up your documents. If necessary, please contact the Records 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 within thirty (30) days to schedule a viewing, your FOIL w				
*	RECORDS DENIED, PARTIALLY	Y PR	OVIDED OR REDACTED		
	Request needs to be more specific because cannot determine what record(s) you seek		Complainant's name cannot be disclosed pursuant 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 questions or inquiries, only to provide documents		
	After a diligent search, no documents were found		Unwarranted invasion of personal privacy		
T	responsive to your request.		Exempt inter-agency or intra-agency materials Would impair present or imminent contract awards		
Ь	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.		or collective bargaining negotiations Exempted by statute other than the Freedom of Information Law		
	Law Enforcement Records		Exempt examination questions or answers Other:		
	Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise				
	Municipalities are only required to search for specific documents requested that are in existence		/ /		
Nar X	ne of Records Access Officer: Records Access O LORI J. HAHN	fficer	Date: X /23/23		
	s Freedom of Information Request will remain on file for reafter, it will be destroyed.	six (	6) months from the date of final determination.		
Sen	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 he	reby appeal:				
	Signature		Date		



DEC 15 2022

Date: December 10, 2022



# FOIL

Freedom of Information Request,

RE: Central Islip/Hauppauge, Islip Ambulance Exchange, Bay Shore Brightwater Ambulance, Brentwood Legion Ambulance and Sayville Community Ambulance.

The Freedom of Information Law ("FOIL"), Article 6 (Sections 84-90) of the NYS Public Officers Law, provides the public right to access to records maintained by government agencies. Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or documents of: NUMBER OF RESIDENTS WHO PAID CO-PAY FOR AMBULANCE SERVICE AND TOTAL AMOUNT FOR ALL FROM 2018 TO PRESENT, for each ambulance company listed above separately. As this is to be reported income by law on a regular basis each year.

Documents of contracts for ALL billing companies for ambulance service 2015 to present.

If Foil is asked to be viewed, please advise me of the appropriate time during normal business hours for inspecting the records prior to obtaining copies.

X \_\_\_\_ELECTRONIC FORM

If the requested records cannot be emailed to me due to the volume of records identified in response to my request, please advise me of the actual cost of copying all records onto a CD or floppy disk.

If my request is too broad or does not reasonably describe the records, please contact me via email so that I may clarify my request, and when appropriate inform me of the manner in which records are filed, retrieved or generated.

The records that were denied include: \_\_\_\_\_ (describe the records that were denied to the extent possible and, if possible, offer reasons for disagreeing with the denial, i.e., by attaching an opinion of the Committee on Open Government acquired for its website).

Submitted by:

Patricia Montanino 28 Campbell Lane East Islip, NY 11730

Town Clerk

Date Stamp Here



### FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS

Instructions: Complete Section 1 and submit to Office of Town Clerk, 655 Main Street, Islip, NY 11751 (f) 631-224-5574 PRINT TYPE OR PRINT CLEARLY

#### SECTION 1 - TO BE COMPLETED BY APPLICANT

Name of Applicant:  Mailing Address of Applicant (include suite if applicant)  Mailing Address of Applicant (include suite if applicant)			suite if applicable):	
Name of Business or Firm:	City:	State:	Zip Code:	
Signature of Applicant:	Date of Appl	lication:		
Tellephone Number: Department if known:				
DESCRIPTION OF RECORD SOUGHT TO INSPECT A record(s) sought in as specific detail as possible, with address what record(s) you seek, your application will be denied. Un supply DOCUMENTS THAT ALREADY EXIST (NYS PORTION OF THE PROPERTY OF TH	s, date or time frame der the NYS FOIL	e, if applicable. If we can	nnot determine	
FEE SC.  Be advised that there is a statutory fee due (\$.25 per page, not digital formats, cost of reproduction will be charged. Deposit be paid for any pages required to be redacted prior to viewing company who fails to pay any outstanding FOIL fees due for specifically requested otherwise.	s may be required f a file. FOIL reque	or voluminous requests. sts will not be processed	Copy fees are to for any person or	
Receipt of this request is hereby acknowledged. Please allow this office. A copy of this form is being mailed to you indicate to be a second s	Twenty (20) busine cating your request	ess days for processing be is being processed.  Applic	ation Number	
Please note: The Public Officer's Law requires a municipality to acknowled	dge receipt of this FOIL	request within five (5) busine	ess days.	

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	FOR AGENCY US SECTION 3 – NOTIC		
	DEPOSIT RI		
	Before we may continue continue processing your FOIL A within thirty (30) days of this response. Please forward a continue attention of the Records Access Officer, Office of the For questions, please call (631) 224-5550. If we do not recover your FOIL will be deemed closed.  RECORDS P.	pplic heck e Tov eive	ation, a deposit in the amount of <u>\$</u> is required payable to the "Town of Islip" in the deposit amount wn Attorney, 655 Main Street, Islip, New York 11751. your deposit within thirty (30) days of this response,
	The document(s) you requested are available. The cost of money order payable to the "Town of Islip" and submit to Islip, NY 11751. <b>Upon arrival, please call (631) 224-549</b> necessary, please contact the Records Access Officer at (63 your documents if you are unable to pick them up in our Town Please call (631) 224-5550 to schedule an appointment to within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing, your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL within thirty (30) days to schedule a viewing your FOIL w	the To a solution (1) 22 own (1) 22 own (1)	own of Islip-Town Clerk's Office, 655 Main Street, advise you are picking up your documents. If 24-5550 to make other arrangements for the receipt of Clerk's Office.  the documents requested. If we are not contacted
	RECORDS DENIED, PARTIALLY	PR	OVIDED OR REDACTED
	Request needs to be more specific because cannot determine what record(s) you seek		Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A, Sec. 89-2(a) Could endanger the life or safety of any person
	Records not possessed by the Town of Islip		Municipalities are not required to respond to
6	After a diligent search, no documents were found		questions or inquiries, only to provide documents Unwarranted invasion of personal privacy
	responsive to your request.  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.  Law Enforcement Records		Exempt inter-agency or intra-agency materials Would impair present or imminent contract awards or collective bargaining negotiations Exempted by statute other than the Freedom of Information Law Exempt examination questions or answers Other:
	Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise		

Name of Records Access Officer: Records Access Officer

Municipalities are only required to search for specific

Records Access Officer Signatures

Date: X //23/23

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: \_\_\_\_\_\_ Date

#### TOWN OF ISLIP



#### OFFICE OF THE TOWN ATTORNEY

JOHN R. DICIOCCIO TOWN ATTORNEY 655 MAIN STREET ISLIP, NEW YORK 11751 (631)224-5550 FAX (631)224-5573 MICHAEL P. WALSH DEPUTY TOWN ATTORNEY

September 28, 2022

Ms. Patricia Montanino 28 Campbell Lane East Islip, NY 11730

Re: Foil Application M822102

Dear Ms. Montanino:

In accordance with NYS Public Officers Law Article 6 and related case law, I hereby provide you with a date certain that your request will be handled; to wit, **October 31, 2022.** 

The reason for the delay in processing your FOIL Application is due to the increase in filing of FOIL Applications.

Thank you for your anticipated understanding.

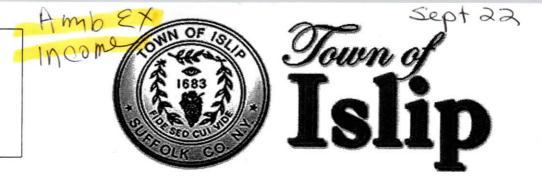
Lori J. Hahn

Records Access Officer

LJH/

Town Clerk

Date Stamp Here



# FREEDOM OF INFORMATION LAW (F.O.I.L.) APPLICATION FOR ACCESS TO PUBLIC RECORDS

Instructions: Complete Section 1 and submit to Office of Town Clerk, 655 Main Street, Islip, NY 11751 (f) 631-224-5574
PRINT TYPE OR PRINT CLEARLY

#### SECTION 1 - TO BE COMPLETED BY APPLICANT

I HEREBY APPLY TO REVIEW OR HAVE CO	OPIED THE RECORD(S) DESCRIBED BELOW:
Name of Applicant:	Mailing Address of Applicant (include suite if applicable):
Name of Business or Firm:	City: State: Zip Code:
Signature of Applicant:	Date of Application:
Telephone Number:	Department if known:
DESCRIPTION OF RECORD SOUGHT TO INSPECT AND record(s) sought in as specific detail as possible, with address, day what record(s) you seek, your application will be denied. Under the supply DOCUMENTS THAT ALREADY EXIST (NYS POL.	te or time frame, if applicable. If we cannot determine the NYS FOIL Law, the Town of Islip is only required to
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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 paid for any pages required to be redacted prior to viewing a fit company who fails to pay any outstanding FOIL fees due for a prespecifically requested otherwise.	excess of 9x14) for copies. For anything else, including ay be required for voluminous requests. Copy fees are to le. FOIL requests will not be processed for any person or
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	enty (20) business days for processing before contacting
Date Records Access Officer  Office of the Town Attorney, 655 Main Street, Islip, NY 1175	Application Number 1 (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.

From: Sent:	VIIC	25	2022	pmontanino1@optonline.net
Sent: To:	AUU	-	raca.	Thursday, August 25, 2022 1:37 PM townclerk
Subject:		FOI		Foil
	•	TO:		
SECTION AND ADDRESS OF THE RESERVE	100		il is from ar desk at ext	external sender: Only open attachments/links from trusted senders: If you are 3800.
				Date: August 25, 2022
Freedom	of Info	rmat	ion Request	2.
right to a Information collected	c <b>cess t</b> on Law by Am	o <b>rec</b> v, Arti bular	ords mainta icle 6 of the ace Exchang	("FOIL"), Article 6 (Sections 84-90) of the NYS Public Officers Law, provides the public sined by government agencies. Under the provisions of the New York Freedom of Public Officers Law, I hereby request records or documents of: All funds reported e of Islip for billing revenue only 2018- 2021. All funds reported by Ambulance Exchange ed 2018-2021.
			to be viewe btaining co	d, please advise me of the appropriate time during normal business hours for inspecting pies.
XEL	ECTRO	DNICI	FORM	
				be emailed to me due to the volume of records identified in response to my request, ost of copying all records onto a CD or floppy disk.
				es not reasonably describe the records, please contact me via email so that I may clarify te inform me of the manner in which records are filed, retrieved or generated.
and, if pos	ssible,	offer		clude: (describe the records that were denied to the extent possible disagreeing with the denial, i.e., by attaching an opinion of the Committee on Open site).
Submitted	by:			
Patricia M	ontan	ino		X.
Patricia M	ontan	ino		
28 Campb	ell Lan	ie		
East Islip,	NY 11:	730		

asked 10/31

Date: August 25, 2022

Amb Income

Freedom of Information Request,

The Freedom of Information Law ("FOIL"), Article 6 (Sections 84-90) of the NYS Public Officers Law, provides the public right to access to records maintained by government agencies. Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or documents of: All funds reported collected by Ambulance Exchange of Islip for billing revenue only 2018-2021. All funds reported by Ambulance Exchange of Islip for all other funds collected 2018-2021.

If Foil is asked to be viewed, please advise me of the appropriate time during normal business hours for inspecting the records prior to obtaining copies.

# \_\_\_X\_\_ELECTRONIC FORM

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Submitted by:

Patricia Montanino

Patricia Montanino 28 Campbell Lane East Islip, NY 11730







