

Purchased with

Town Taxpayer money- fleet order in Michigan



alsways parked in 2 hr limit spot ALL day, car used by Islip Supervisor

TOWN OF ISLIP

ISLIP TAXPAYER MONEY USED TO BUY UNMARKED CAR SUPERVISOR DRIVES and PARKS IN A 2 HOUR PARKING SPOT FOR MORE THAN 4 HOURS AT ISLIP TOWN HALL



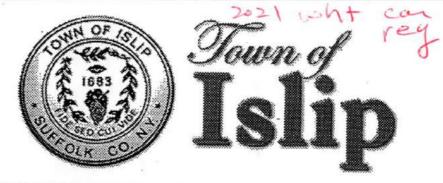


MISSING?



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 COPIED THE RECORD(S) DESCRIBED BELOW:

Name of Applicant: Mailing Address of Applicant (include suite it	
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, dat what record(s) you seek, your application will be denied. Under the supply DOCUMENTS THAT ALREADY EXIST (NYS, FOL. A. S.	te or time frame, if applicable. If we cannot determine the NYS FOIL Law, the Town of Islip is only required to Article 6).
- > u	attacked
FEE SCHED 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 fill company who fails to pay any outstanding FOIL fees due for a priespecifically requested otherwise.	excess of 9x14) for copies. For anything else, including many be required for voluminous requests. Copy fees are to le. FOIL requests will not be processed for any person or
Receipt of this request is hereby acknowledged. Please allow Twe this office. A copy of this form is being mailed to you indicating Date Records Access Officer Office of the Town Attorney, 655 Main Street, Islip, NY 11751	enty (20) business days for processing before contacting g your request is being processed. Application Number
Please note: The Public Officer's Law requires a municipality to acknowledge re	

Keep this document to show to the police and courts.

MY COUTR (MEN) NEW YORK STATE REGISTRATION DOCUMENT

G PAS HXS2021 2018 FORD

2018 FORD NONTRANSFERABLE

SUEN WH 003654 G 4

APR 12 2022

Fuel/Cyl - SD2 MS972E

ISLIP TOWN OF 655 MAIN ST

ISLIP

Expires 04/30/24 *NYMA* EXEMPT

NY 11751

ANNUAL CHG

VOID IF ALTERED EXCEPT FOR ADDRESS

0.00



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 COPIED THE RECORD(S) DESCRIBED BELOW:

Name of Applicant:	lailing Address of Applicant (include suite if applicable):
Name of Business or Firm:	ity: State: Zip Code:
Signature of Applicant: D	ate of Application:
-	
Telephone Number: De	epartment if known:
DESCRIPTION OF RECORD SOUGHT TO INSPECT AND AN	
record(s) sought in as specific detail as possible, with address, date or what record(s) you seek, your application will be denied. Under the l	time frame, if applicable. If we cannot determine
supply DOCUMENTS THAT ALREADY EXIST (NYS POL Arti	cle 6).
- VU a	thelet
FEE SCHEDUI	T.
Be advised that there is a statutory fee due (\$.25 per page, not in exce	
digital formats, cost of reproduction will be charged. Deposits may be	e required for voluminous requests. Copy fees are to
be paid for any pages required to be redacted prior to viewing a file. I company who fails to pay any outstanding FOIL fees due for a prior F	FOIL requests will not be processed for any person or
specifically requested otherwise.	OLL request. Copies will be prepared unless
SECTION 2 - TO BE COMPLETED BY AGENCY R	ECORDS ACCESS (FOIL) OFFICER
Receipt of this request is hereby acknowledged. Please allow Twenty	(20) business days for processing before contacting
this office. A dopy of this form is being mailed to you indicating you	our request is being processed.
117/23 Mu galle	<u>5/2 33/</u>
Date / Records Access Officer	Application Number
Office of the Town Attorney, 655 Main Street, Islip, NY 11751 (63	31) 224-5550

RECEIVED

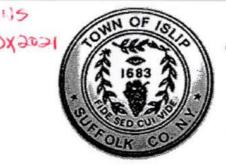
Date: January 11, 2023

FOIL Freedom of Information Request,

The Freedom of Information Law, provides the public right the provisions of the New York Freedom or documents of: Insurance for vehicles.	to access to records main	tained by governmen the Public Officers Law, I he 57, JME2858 driven by	et agencies. Under ereby request records of DPW commissioner as his own	or!
view				
town car registere	d to town but NO insurance, used b	y Supervisor	- Sees	
v				
If Foil is asked to be vi	ewed, please advise me of the app ng copies.	propriate time during norma	l business hours for	
ELECTRONIC FORM				
ELECTRONIC FORM				
If the requested records cannot be emplease advise me of the actual cost of	ailed to me due to the volume of re copying all records onto a CD or f	ecords identified in respons loppy disk.	e to my request,	
If my request is too broad or does not my request, and when appropriate info	reasonably describe the records, porm me of the manner in which rec	olease contact me via email ords are filed, retrieved or g	so that I may clarify enerated.	
The records that were denied include: and, if possible, offer reasons for disage Government acquired for its website).	(describe the r greeing with the denial, i.e., by atta	ecords that were denied to ching an opinion of the Con	the extent possible nmittee on Open	
- Torring a squired for its website).				
Submitted by:				
A contraction of the Contraction				

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 COPIED 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 AN record(s) sought in as specific detail as possible, with address, d what record(s) you seek, your application will be denied. Under supply DOCUMENTS THAT ALREADY EXIST (NYS POI	ate or time frame, if applicable. If we cannot determine the NYS FOIL Law, the Town of Islip is only required to
FEE SCHI Be advised that there is a statutory fee due (\$.25 per page, not in digital formats, cost of reproduction will be charged. Deposits r be paid for any pages required to be redacted prior to viewing a company who fails to pay any outstanding FOIL fees due for a p specifically requested otherwise.	excess of 9x14) for copies. For anything else, including may be required for voluminous requests. Copy fees are to file. FOIL requests will not be processed for any person or
Receipt of this request is hereby acknowledged. Please allow To this office. A dopy of this form is being mailed to you indicate the seconds Access officer	wenty (20) business days for processing before contacting
Office of the Town Attorney, 655 Main Street, Islip, NY 117	51 (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.

	J /	
Ap	plication Number: 612331	
	FOR AGENCY USE SECTION 3 – NOTICE	
	DEPOSIT RE	
	Before we may continue continue processing your FOIL Apwithin thirty (30) days of this response. Please forward a cto the attention of the Records Access Officer, Office of the For questions, please call (631) 224-5550. If we do not recyour FOIL will be deemed closed.	heck payable to the "Town of Islip" in the deposit amount Town Attorney, 655 Main Street, Islip, New York 11751. eive your deposit within thirty (30) days of this response,
		ne records have been partially provided or redacted.
	The document(s) you requested are available. The cost of a money order payable to the "Town of Islip" and submit to the Islip, NY 11751. Upon arrival, please call (631) 224-549 necessary, please contact the Records Access Officer at (63 your documents if you are unable to pick them up in our To	0 to advise you are picking up your documents. If 1) 224-5550 to make other arrangements for the receipt of
	Please call (631) 224-5550 to schedule an appointment to v within thirty (30) days to schedule a viewing, your FOIL w	
	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)
		☐ 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 12 1	questions or inquiries, only to provide documents
7	After a diligent search, no documents were found	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.	 □ 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
	Law Enforcement Records	Other:
	Are trade secrets or commercial enterprise documents which if disclosed, would cause injury to the competitive position of the subject enterprise	Proof of Insurance not found for AXS-2021.
	Municipalities are only required to search for specific documents requested that are in existence	
Na:	me of Records Access Officer: Records Access O LORI J. HAHN X	fficer Signature: Date:
	is Freedom of Information Request will remain on file for ereafter, it will be destroyed.	r slx (6) months from the date of final determination.

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	

