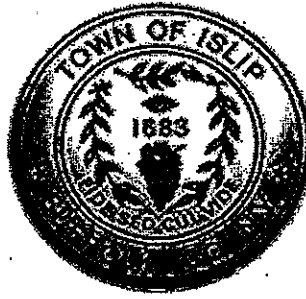


Town Clerk

Date Stamp Here



Town of
Islip

**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 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).

See attached

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.

8/30/22 *[Signature]* *M822102*
Date 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: M822102

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, 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 PROVIDED

- ☒ The records have been fully provided. ☐ The records have been partially provided or redacted. *via email*
- ☐ 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 view the documents requested. If we are not contacted within thirty (30) days to schedule a viewing, your FOIL will be deemed closed.

RECORDS DENIED, PARTIALLY PROVIDED OR REDACTED

- | | |
|--|--|
| <input type="checkbox"/> Request needs to be more specific because cannot determine what record(s) you seek | <input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A, Sec. 89-2(a) |
| <input type="checkbox"/> Records not possessed by the Town of Islip | <input type="checkbox"/> Could endanger the life or safety of any person |
| <input checked="" type="checkbox"/> After a diligent search, no documents were found responsive to your request.** | <input type="checkbox"/> Municipalities are not required to respond to questions or inquiries, only to provide documents |
| <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"/> Unwarranted invasion of personal privacy |
| <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Exempt inter-agency or intra-agency materials |
| <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"/> Would impair present or imminent contract awards or collective bargaining negotiations |
| <input type="checkbox"/> Municipalities are only required to search for specific documents requested that are in existence | <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: |
- Records from 2018 through May 31, 2020 not found.
- 3 years \$\$\$ missing!**

Name of Records Access Officer:
X LORI J. HAHN

Records Access Officer Signature:
X *Lori J. Hahn*

Date:
X 10/27/22

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

**ALL AMBULANCE DEPARTMENTS "MUST"
REPORT THEIR INCOME TO THE TOWN EACH YEAR!**

Patricia Devane
RECEIVED

From: .net
Sent: AUG 25 2022 2 1:37 PM
To:
Subject: **FOIL**

WARNING: This email is from an external sender. Only open attachments/links from trusted senders. If you are unsure, call the Helpdesk at ext. 3800.

Date: August 25, 2022

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**

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:

.net