



Freedom of Information Act (FOIL) Application

Town Hall, 100 Main Street, Huntington, NY 11743
Phone: (631) 351-3000

This form may be **delivered, mailed, faxed** or **e-mailed** to the **Town Department** from which access to records is being sought.

Application For Access To Public Records

Please Type Or Print Clearly

Official Use Only

Application #:

Section 1 —To Be Completed by Applicant

I HEREBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW

1. NAME OF APPLICANT		5. TELEPHONE NUMBER	
2. NAME OF BUSINESS FIRM		6. STREET ADDRESS	
3. NAME OF CLIENT REPRESENTED		7. CITY	8. STATE
4. SIGNATURE OF APPLICANT		9. ZIP CODE	
		10. DATE OF APPLICATION	

Name of Department holding Records sought for Inspection:

Description of Records Sought for Inspection. Please describe the record sought in as specific detail as possible. In the case of property records, including a Suffolk County Tax Map Number will enable the Town to accelerate its records search. Please remember that under the Freedom of Information Law the Town of Huntington is required to supply **Records** (e.g., public documents, maps, photographs) not **Information** (e.g., answers to questions).

I desire to view the documents requested during normal business hours.

I am requesting copies of the records, and, hereby, agree to pay the lawful reproduction costs plus applicable postage.

[Twenty-five cents/page for photocopies. Five dollars (\$5) per CD/DVD for electronic copies. Request for specialized documents (blueprints, maps, etc.) will be charged at the Town's cost to reproduce. In the cases requiring specialized computer services to produce records, applicant can also be assessed at the hourly rate of the lowest paid employee capable of reproducing the records.]

Section 2 - To Be Completed by the Departmental Freedom of Information Officer (or Deputy Officer)

A dated copy of Page 1 of this form will be mailed to you in acknowledgement of your request, as required by the Public Officer's Law that a municipality respond to this original request within five (5) business days.

[Receipt is acknowledged and you will receive a response as quickly as possible. Please allow Twenty (20) business days for processing before re-contacting this office. Note that there is no specific limitation as to the time necessary to determine whether the records requested exist and to produce those records. If more than twenty business days are required you will be so notified.]

11. DEPARTMENTAL FOIL OFFICER	12. TITLE	13. DATE
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Section 3— Notice to Applicant

You have a right to appeal a denial of this application in writing to the office of the Office of the Huntington Town Attorney, Town Hall, 100 Main Street, Room 201, Huntington, NY 11743. Phone: (631) 351-3042. Fax: (631) 351-3032. E-Mail: townattorney@huntingtonny.gov within thirty (30) days of the denial. You will receive a response in writing within ten (10) business days of receipt of your appeal.



Response to The Applicant

Application #:		
Records Available		
<input type="checkbox"/> The records have been <input type="checkbox"/> fully / <input type="checkbox"/> partially provided.	<input type="checkbox"/> Municipalities are not required to respond to questions or inquiries only to provide documents	
<input type="checkbox"/> Records cannot be found after diligent search.	<input type="checkbox"/> There are no known documents that are responsive to your request	
<input type="checkbox"/> Records not possessed by this department/office.		
Records to be Provided		
<p>The document(s) you requested are available.</p> <input type="checkbox"/> You have elected to view the document(s) during regular business hours. <input type="checkbox"/> You have elected to have the document(s) reproduced. The cost of reproduction is \$ _____. Please send check or money order payable to the Town of Huntington and submit to the Departmental FOIL Officer. The FOIL Officer will contact you to arrange a date and time for you to view/pick-up the documents requested.		
Records Denied		
<p>I, hereby, certify that access to the records, or part of the records, requested has been denied to the applicant for the reasons checked below:</p>		
<input type="checkbox"/> Specifically exempt by state or federal statute.	<input type="checkbox"/> Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6, Sec. 89-2(a).	
<input type="checkbox"/> Unwarranted invasion of personal privacy.	<input type="checkbox"/> Would endanger the life of any person.	
<input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations	<input type="checkbox"/> Request fails to reasonably describe the records	
<input type="checkbox"/> Are trade secrets	<input type="checkbox"/> Records are computer access code.	
<input type="checkbox"/> Are inter-agency or intra-agency materials that are not:	<input type="checkbox"/> Are compiled for law enforcement purposes and which if documents were disclosed would:	
<input type="checkbox"/> statistical or factual tabulations or data.	<input type="checkbox"/> interfere with law enforcement investigations or judicial proceedings	
<input type="checkbox"/> instruction to staff that affect the public	<input type="checkbox"/> Deprive a person of the right to a fair trial or impartial adjudication	
<input type="checkbox"/> final agency policy or determinations, or	<input type="checkbox"/> Identify a confidential source/ disclose confidential information relating to a criminal investigation, or	
<input type="checkbox"/> external audits, including but not limited to audits performed by the comptroller and the federal government.	<input type="checkbox"/> reveal criminal investigative techniques or procedures except routine techniques and procedures.	
DEPARTMENTAL FOIL OFFICER'S SIGNATURE	TITLE	DATE