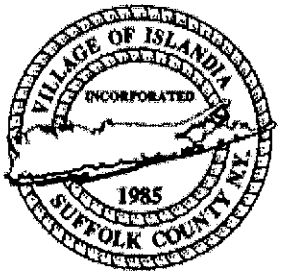
Village Clerk/FOIL Officer

Date Stamp



Instructions
Complete and submit to :
Office of Islandia Village Clerk
1100 Old Nichols Rd
Islandia, New York 11749
631-348-1133
631-348-7650 FAX

Freedom of Information Law Application (F.O.I.L.)—Application for Access to Public Records

TO BE COMPLETED BY APPLICANT – PLEASE PRINT OR TYPE CLEARLY

(Please Check) I HEREBY APPLY TO **REVIEW**_____ **(or) COPY**_____ **THE RECORD(S) DESCRIBED BELOW:**

1. **Name of Applicant**	5. **Mailing Address (Include Suite if applicable)**		
2. **Name of Business**	6. **City**	7. **State**	8. **Zip**
3. **Signature of Applicant**	9. **Date of Application**		
4. **Email**	10. **FAX Number**	11. **Telephone**	

DESCRIPTION OF RECORD DESIRED TO INSPECT AND ANY SPECIAL INSTRUCTIONS: Please describe the records desired in specific detail with complete address, Section/Block/Lot number, date or time frame. If this municipality cannot ascertain the records requested, your application will be denied. If records are not possessed by this office or cannot be found after diligent search, you will be informed. Under the NYS FOIL, the Village Of Islandia is only required to supply **DOCUMENTS THAT ALREADY EXIST (NYS POL Article 6). This municipality will acknowledge receipt of FOIL within 5 business days. Please allow Twenty (20) days thereafter for processing before contacting this office.**

SECTION_____ **BLOCK**_____ **LOT**_____

PROPERTY ADDRESS:_____

RECORD REQUEST:_____

_____

_____

_____**APPROVED** _____**RECORD NOT FOUND** ____**DENIED**

COMMENTS:_____

Fee Schedule

There is a statutory fee due of **$.25 per page** for copies, not in excess of 9x14. For anything else, 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 business who fails to pay any open FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.

Receipt of this request is hereby acknowledged.

_____ _____

Date **Records Access Officer**