

F.O.I.L.

FREEDOM OF INFORMATION LAW APPLICATION FOR PUBLIC ACCESS TO RECORDS

Instructions: Complete the following form and present to: Town Clerk
Town of Babylon, New York
Fax: 631 – 957-7490

Your Name _____ Phone _____ Cell _____

Representing _____ Fax _____

Mailing Address _____

I hereby apply to inspect the following records:

County Tax Map # _____ District 100 Section _____ Block _____ Lot _____

Location / Address of property _____

Records / Documents requested _____

Reason for this request (optional) _____

Have you requested a list of names and / or addresses? Yes No

If yes, is the list for solicitation or fundraising purposes? Yes No

Signature of Applicant _____ Town Clerk _____ Date _____

Completed Foil Received by: _____
Signature _____ Date _____

FOR AGENCY USE ONLY

Initial letter sent on _____ By _____ This application is _____ Approved _____ Denied

Forwarded

to: Dept. _____ Date _____ Completed By _____ Date _____

Dept. _____ Date _____ Completed By _____ Date _____

Dept. _____ Date _____ Completed By _____ Date _____

Disapproval of this application is based on:

Confidential Disclosure Record exempt by law Invasion of Privacy

Record cannot be located Other (specify) _____

Signature & Title _____ Date _____

Notice: You have the right to appeal a denial of this application to the Town Attorney, Town Hall, 200 East Sunrise Highway, Lindenhurst, NY 11757 (631) 957-3029, who must fully explain his/her reason for such denial in writing ten days following receipt of an appeal.

I hereby appeal the denial of this application

Signature of Applicant _____ Date _____