

Office Use Only

SENT TO:

DEPARTMENT _____

DEPARTMENT _____

DEPARTMENT _____



**Freedom of Information Law
Application for Public Access to Records**

Please email completed application to foil@townofbabylon.com

SECTION 1 – TO BE COMPLETED BY APPLICANT (PLEASE PRINT CLEARLY OR TYPE). Please fill in the entire application. Applications missing information will not be processed.

Name _____ Phone _____ FAX _____

Representing, (if applicable) _____ Email _____

Mailing Address _____

Review only? Yes ___ No ___ Homeowner? Yes ___ No ___ Will documents be used for solicitation purposes? Yes ___ No ___

SECTION 2 – DESCRIPTION OF RECORDS SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the records sought in as specific detail as possible with address, date or time frame, if applicable. If we cannot determine what records you seek your application will be denied. Under the NYS Public Officers Law the Town of Babylon is only required to supply documents that already exist. (NYS POL ARTICLE 6).

PROPERTY INFORMATION:

County Tax Map# District _____ Section _____ Block _____ Lot _____ (if applicable and accessible)

Physical Location/Address of Property _____

Records / Documents requested _____

Notes to Applicant:

- Be advised 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 to prior FOIL request. Copies will be prepared unless specifically requested otherwise.
- The Public Officers Law requires that a municipality acknowledge receipt of a FOIL request within (5) Business days.
- The Public Officers Law also states that a municipality has up to 20 business days for processing your request. If more than twenty, (20) business days are required you will be so notified.
- You have the right to appeal a denial of this application in writing to the Town Attorney. You will receive a response in writing within ten, (10) business days of receipt of your appeal.
- If this application is approved the information you receive may not be permitted to be used for solicitation or fundraising purposes.

Signature of applicant _____ Date _____

FOR DEPARTMENT USE ONLY COMPLETED

BY _____ DATE _____ DEPARTMENT _____

RECORDS FOUND ___yes___ no___ Partial

OF PAGES _____