



Incorporated Village of Poquott
 45 Birchwood Avenue
 Poquott, NY 11733
 Phone (631) 476-4043 / Fax (631) 331-0402 / Website - www.villageofpoquott.com

APPLICATION FOR PUBLIC ACCESS TO RECORDS (FOIL)

SECTION 1: TO BE COMPLETED BY APPLICANT

Date of Application:	____/____/____
Name of Applicant:	
Address of Applicant:	
Applicant Email Address:	
Applicant Phone Number:	

DESCRIBE IN THE BLANK SPACE BELOW RECORD(S) SOUGHT TO INSPECT

*Identify/describe the records being sought as specifically as possible. If applicable, please include dates, tax map number, and any other information that will help locate the requested records. The Freedom of Information Law is designed to provide not information. It is not a vehicle to question village officials or employees.
 By signing this application, the applicant agrees that the record(s) requested shall not be utilized in any matter leading to unw invasion of personal privacy. It is further agreed to indemnify and hold the Village of Poquott harmless from any claim arising from any such unauthorized use of the record(s) requested.*

[] I desire a date and time to review the requested record(s)

[] I desire that copies of the requested record(s) be sent via email

[] I desire copies of the record(s) sought and agree to pay the statutory fee
(Cost of reproduction to be determine by document size and number of pages)

THE VILLAGE OF POQUOTT RESERVES THE RIGHT TO REQUIRE ADVANCE PAYMENT PRIOR TO THE REPRODUCTION OF REQUESTED RECORDS

Applicant Signature & Printed Name	Applicant Represents
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SECTION 2 – COMPLETED BY AGENCY FREEDOM OF INFORMATION OFFICER

Receipt of this request is hereby acknowledged. You will receive a response as quickly as possible. Please allow twenty (20) business days for processing before contacting this office. PLEASE NOTE: FOIL requires an agency to acknowledge a original request within five (5) business days. THERE IS NO SPECIFIC TIME LIMIT TO PRODUCE THE DOCUMENTS.

[] APPROVED

[] DENIED (for the reasons checked below:

[] Confidential discloser, [] Par of investigatory Files, [] Record not maintained by Agency, [] Exempt from FOIL Act

[] Other: _____

Officer Name	Signature	Date
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SECTION 2 – COMPLETED BY AGENCY FREEDOM OF INFORMATION OFFICER

You have the right to appeal the denial of this application in writing, to the Office of the Village Attorney: Joseph W. Prokop – 267 Carleton Avenue, Suite 301, Central Islip, NY 117722 (631) 234-6200 within 30 days of the denial. The contacted person must respond to you in writing within 10 business days from the receipt of your appeal.