APPLICATION FOR PUBLIC ACCESS TO RECORDS
Suffolk County Legislature

INSTRUCTIONS TO APPLICANT: Please complete Section 1 of this form. Email or mail the form to the agency Freedom of Information Officer. The Freedom of Information Officer will return the original to you as a response to your request.

PROVIDE FOIL REQUEST TO: FREEDOM OF INFORMATION OFFICER: Amy M. Ellis, Clerk

AGENCY EMAIL: amy.ellis@suffolkcountyny.gov
AGENCY NAME: Suffolk County Legislature Clerk
AGENCY MAILING ADDRESS:

Suffolk County Legislature, Attn: Clerk of the Legislature
PO Box 1600
Hauppauge, NY 11788

SECTION I: TO BE COMPLETED BY APPLICANT

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD. (Please describe the record sought. If possible, supply a date, a file title and number, and any other information that will help locate the record desired):

_____

_____

If you have requested a list of names and/or addresses, will the list be used for commercial or fundraising purposes?
(◉) Yes (◯) No Date of Application: _____

_____
Signature of Applicant and Printed Name **Party Applicant Represents (if applicable)**

_____
Applicant's Mailing Address **Telephone** **Email**

SECTION II: FOR USE BY AGENCY FREEDOM INFORMATION OFFICER ONLY

☐ APPROVED
☐ RECORDS NOT POSSESD OR MAINTAINED BY THIS AGENCY
☐ RECORDS CANNOT BE FOUND AFTER DILIGENT SEARCH
☐ DENIED, REASON FOR DENIAL_____(Insert number corresponding to applicable reason for denial as listed on Attachment 2. Further detail may also be provided on the reverse.)
☐ Receipt of this request is acknowledged. The approximate date by which a determination will be made is_____(If more than 20 business days, state reason for delay and a date certain for response).

_____
_____
(Signature) **Printed Name** **(Title)** **(Date)**

SECTION III: NOTICE TO APPLICANT

YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION IN WRITING TO THE OFFICE OF THE COUNTY ATTORNEY WITHIN 30 DAYS OF THE DENIAL. INFORMATION AS TO THE PERSON TO CONTACT IS SHOWN BELOW. THE CONTACTED PERSON MUST RESPOND TO YOU IN WRITING WITHIN TEN BUSINESS DAYS OF RECEIPT OF YOUR APPEAL.

ADDRESS FOR APPEALS ONLY-USE ADDRESS ABOVE FOR ALL OTHER REQUESTS:
Suffolk County Attorney,Attn: FOIL APPEALS OFFICER
H. Lee Dennison Bldg., 6th Floor
P.O. Box 6100
Hauppauge, NY 11788-0099