



Town of **Smithtown**

Town Attorney  
PO Box 9090, Smithtown, NY 1787  
Tel: (631) 360-7570 Fax: (631) 360-7719

**Freedom of Information Application  
(F.O.I.L.)**

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

PLEASE TYPE OR PRINT CLEARLY

**SECTION 1 - TO BE COMPLETED BY APPLICANT**

**I HEREBY APPLY TO REVIEW OR COPY THE RECORD(S) DESCRIBED BELOW**

NAME OF APPLICANT	TELEPHONE NUMBER		
NAME OF BUSINESS FIRM	STREET ADDRESS		
NAME OF CLIENT REPRESENTED	CITY	STATE	ZIPCODE
SIGNATURE OF APPLICANT	DATE OF APPLICATION		

**DESCRIPTION OF RECORDS SOUGHT:**

Please describe the records sought in specific detail. For documents relating to properties, please include Suffolk County Tax Map number or street address. NOTE: Under the Freedom of Information Law the Town of Smithtown is not required to create a new record.


PLEASE INDICATE: I desire:  to inspect the records. I desire:  copies of the records. NOTE: Cost of reproduction is \$.25 per page or \$5.00 per copy of plan.

**SECTION 2 - TO BE COMPLETED BY AGENCY FREEDOM OF INFORMATION OFFICER**

Please allow twenty (20) business days for processing before contacting this office. A copy of this form is being mailed to you to indicate receipt of your request.

**PLEASE NOTE:** The Freedom of Information Law requires that a municipality respond to this original request within five (5) business days.

**THERE IS NO SPECIFIC TIME LIMIT, HOWEVER, AS TO THE TIME TO PRODUCE THE DOCUMENTS**

ACCESS OFFICER'S SIGNATURE	TITLE	DATE
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**SECTION 3 - APPLICATION DISPOSITION**

**REQUEST CANNOT BE COMPLETED:**

- Does not reasonably describe the documents
- Records cannot be found after a diligent search
- Application is not a request for existing documents
- Records not possessed by this agency

**REQUEST APPROVED:**

The document(s) you requested are available. The cost of reproduction is \$\_\_\_\_\_. Please send check or money order payable to the Town of Smithtown and submit to Town of Smithtown, Town Attorney, P.O. Box 9090., Smithtown, NY 11787 or call (631) 360-7570 to schedule arrangement for pick-up.

**REQUEST DENIED:**

- See reverse side for reason(s)

ACCESS OFFICER'S SIGNATURE	TITLE	DATE
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**REASON(S) FOR DENIAL:**

- |   |  |
|---|--|
| <input type="checkbox"/> Specifically exempt by state or federal statute  | <input type="checkbox"/> Could endanger the life or safety of any person   |
| <input type="checkbox"/> Unwarranted invasion of personal privacy   | <input type="checkbox"/> Are compiled for law enforcement purposes and which if disclosed would:                                     |
| <input type="checkbox"/> Would impare present or imminent contract awards or collective bargaining negotiations                       | <input type="checkbox"/> interfere with law enforcement investigations or judicial proceedings                                       |
| <input type="checkbox"/> Are trade secrets  | <input type="checkbox"/> deprive a person to the right to a fair trial or impartial adjudication.                                    |
| <input type="checkbox"/> Are inter-agency or intra-agency materials that are not:   | <input type="checkbox"/> identify a confidential source or disclose confidential information relating to a criminal investigation or |
| <input type="checkbox"/> statistical or factual tabulations or data   | <input type="checkbox"/> reveal criminal investigative techniques or procedures except routine techniques and procedures             |
| <input type="checkbox"/> instruction to staff that affect the public  |  |
| <input type="checkbox"/> final agency policy or determinations, or  | <input type="checkbox"/> Are computer access codes   |
| <input type="checkbox"/> external audits, including but not limited to audits performed by the comptroller and the federal government |  |

**NOTICE TO APPLICANT:**

You have a right to appeal a denial of this application in writing within thirty (30) days of denial to the Town Board, PO Box 9090, Smithtown, NY 11787. The Town Board will respond to you in writing within seven (7) business days of receipt of your appeal.