Reset Form

FOIL Officer Stamp:

Suffolk County Water Authority
4060 Sunrise Highway, Oakdale, NY 11769

Freedom of Information Law Application

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To be completed by individual requesting access to records. Please complete electronically or print clearly

Form may be e-mailed to foil@scwa.com or mailed.

SECTION 1 – TO BE COMPLETED BY APPLICANT

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

1. NAME OF APPLICANT:	6. TELEPHONE NUMBER:		
2. NAME OF BUSINESS FIRM:	7. STREET ADDRESS:		
3. NAME OF CLIENT REPRESENTED:	8. CITY:	9. STATE:	10. ZIP CODE:
4. SIGNATURE OF APPLICANT:	11. DATE OF APPLICATION:		
5. FAX NUMBER OF APPLICANT:	12. EMAIL ADDRESS OF APPLICANT:		

DESCRIPTION OF RECORD(S) SOUGHT TO INSPECT. Please describe the record(s) sought in as specific detail as possible. Under the Freedom of Information Law, the Suffolk County Water Authority is required to supply **DOCUMENTS, NOT INFORMATION. Attach additional sheets as required.**

If I desire copies of the records sought, I hereby agree to pay the statutory fee (Cost of reproduction, $0.25 per page up to 11"X 17" in size. Larger documents are: $1.75 for plans/maps 22"X 34", $1.50 for plans/documents 24"X 30" in size. (postage additional)

☐ Yes ☐ No

SECTION 2 – TO BE COMPLETED BY FOIL ACCESS OFFICER

☐ Receipt of this request is acknowledged. You will receive a response as quickly as possible. Please allow Twenty (20) business days for processing before contacting this office. **A copy of this form is being mailed or emailed to you indicating your request is being processed.**

PLEASE NOTE: The Public Officer's Law requires that an agency 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.**

11. ACCESS OFFICER:	12. TITLE:	13. DATE:

SECTION 3 – NOTICE TO APPLICANT

You have a right to appeal a denial of this application in writing to the office of the Suffolk County Water Authority, 4060 Sunrise Highway, Oakdale, New York 11769 within thirty (30) days of the denial. The Suffolk County Water Authority Access Officer will respond to you in writing within ten (10) business days of receipt of your appeal.

SECTION 4 – CERTIFICATION

I hereby certify that any property owners' names and mailing addresses requested by me and/or disclosed by SCWA in response to this FOIL request, will not be used for solicitation or fund-raising purposes. Furthermore, I will not make available the names and addresses to any other person, organization, or entity for the purpose of engaging in solicitation or fund-raising. Furthermore, I agree that the record(s) requested shall not be utilized in any manner tending to constitute an unwarranted invasion of personal privacy. I further agree to indemnify and hold SCWA harmless from damages and/or any claim arising from any such unauthorized use of the record(s) requested.

AGENCY'S FOIL OFFICER RESPONSE TO THE APPLICATION FOR PUBLIC ACCESS TO RECORDS - To be completed by FOIL OFFICER only

TO THE APPLICANT: _____ (Name of Applicant) Date (MM/DD/YY): / /

Due to the extensive nature of your request, additional time beyond the 20 business days will be required to review the SCWA's files for responsive documents. Estimated date review will be complete: _____

RESPONSIVE RECORDS AVAILABLE:

- ☐ Records responsive to your request have been located
- ☐ Agencies are not required to respond to questions or inquiries only to provide records
- ☐ Records cannot be found after diligent search.
- ☐ Records not possessed by this agency.

DISPOSITION OF REQUEST:

- ☐ Number of pages: _____
- ☐ The cost of reproduction is $. Please send a check payable to: Suffolk County Water Authority, P.O. Box 38, 4060 Sunrise Highway, Oakdale, NY 11769.
- ☐ Please indicate
  - ○ I will pick up the documents
  - ○ I want to review the documents
  - ○ I want the documents mailed
  - ○ I want the records emailed to the email address provided above
- ☐ A receipt for payment for copying costs has been completed and provided to the requestor.

RECORDS DENIED:

☐ I hereby certify that access to the records, or part of the records, requested has been denied to the applicant for the reasons checked below:

- ☐ Specifically exempt by state or federal statute.
- ☐ Unwarranted invasion of personal privacy under POL §89(2).
- ☐ Would impair present or imminent contract awards or collective bargaining negotiations.
- ☐ Are trade secrets or confidential business information.
- ☐ Are compiled for law enforcement purposes and which if disclosed would:
  - ○ interfere with law enforcement investigations or judicial proceedings
  - ○ deprive a person of the right to a fair trial or impartial adjudication
  - ○ identify a confidential source or disclose confidential information relating to a criminal investigation, or
  - ○ reveal criminal investigative techniques or procedures except routine techniques and procedures
- ☐ Could endanger the life of any person.
- ☐ Are inter-agency or intra-agency materials that are not:
  - ○ statistical or factual tabulations or data
  - ○ instruction(s) to staff that affect the public
  - ○ final agency policy or determinations, or
  - ○ external audits, including but not limited to audits performed by the comptroller and the federal government
- ☐ Are exam questions or answers requested before administration of such questions.
- ☐ If disclosed would jeopardize SCWA capacity to guarantee the security of its IT assets or infrastructure.
- ☐ Other

ACCESS OFFICER'S SIGNATURE:	TITLE:	Date: MM/DD/YY

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For Department Use only: ☐ 5-day letter sent ☐ Deadline 20 business days: Date: / /

☐ Documents were picked up ☐ emailed ☐ mailed Date: / /

File closed: / /