

For office use only

# APPLICATION FOR PUBLIC ACCESS TO RECORDS

## Suffolk County Department of Health Services

Date: _____
Office(s): _____
Tracking #: _____

INSTRUCTIONS TO APPLICANT: Please complete Section I of this form. Do not leave any areas blank. Mail or fax a completed application to the Freedom of Information Officer listed below.

**SECTION I: To be completed by Applicant.**

Date of Application: \_\_\_\_\_ Applicant Represents: \_\_\_\_\_  
Applicant's Name (Please print): \_\_\_\_\_  
Applicant's Mailing Address: \_\_\_\_\_  
Applicant's Phone #: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_

**I HEREBY APPLY TO:**       Inspect the following record  
(check one box)             Receive a copy of the following document(s)

Describe the record sought and if in regard to a property include a **complete tax map number (District, Section, Block & Lot in the proper format)**. Supply all relevant information that will help locate the record desired: date(s), a file title, reference number, the physical address, and property type (commercial/residential/subdivision). **Complete one application for each address.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROVIDE REQUEST TO:**    FOIL Officer  
   Suffolk County Department of Health Services  
   Post Office Box 9006  
   Great River, NY 11739-9006  
   Fax #: 631-854-0156

**SECTION II - For use by Freedom of Information Officer (or designee) only**

- Approved. Call to arrange an appointment to inspect the requested record.  
   Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_
- Records not possessed or maintained by this agency.
- Records cannot be found after diligent search.
- Denied. Reason for denial: \_\_\_\_\_
- Document(s) enclosed as requested.
- Receipt of this request is acknowledged. There will be a delay in supplying the requested record until payment of reproduction fee is received. The following fee applies \$ \_\_\_\_\_
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III - Notice to applicant**

You have the 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.

Suffolk County Attorney  
H. Lee Dennison Bldg., 6th floor  
100 Veterans Memorial Highway  
Hauppauge, NY 11788  
Business Telephone: (631) 853-4049