

THOMAS R. SUOZZI
COUNTY EXECUTIVE



STEVEN D. CONKLING
COUNTY TREASURER

Maude Subrahmanyam
Deputy County Treasurer

Carol Khoury
Deputy County Treasurer

COUNTY OF NASSAU
OFFICE OF THE COUNTY TREASURER
240 OLD COUNTRY ROAD
MINEOLA, NEW YORK 11501-4248

To all F.O.I.L. form users:

Please fill in and sign the Certification letter and remit along with your filled in F.O.I.L. form.

Information requests will not be processed by our office without it.

Please call the number below if you have any questions.

Thank you.

[name and address]

[date]

Re: Freedom of Information Request

Dear Mr. Conkling:

Under the recent changes to the Freedom of Information Law, Agencies are permitted to **require persons requesting lists of names and/or addresses to provide a written certification that they will not use such lists for solicitation or fund-raising purposes**, and will not make the lists available to any other person for the purpose of allowing the other person to use the lists for solicitation or fund-raising purposes. I am certifying that I will **not use such lists for solicitation or fund-raising purposes**, and will not make the lists available to any other person for the purpose of allowing the other person to use the lists for solicitation or fund-raising purposes.

I understand that once the Treasurer's Office receives this certification and the FOIL request form, the requested documents will be available within twenty (20) business days.

Very truly yours,

[sign]

[name]

[title]

**F.O.I.L.
COUNTY OF NASSAU
APPLICATION FOR PUBLIC ACCESS TO
RECORDS**

Date: _____

RECORDS ACCESS OFFICER

COUNTY TREASURER _____
Name of Agency

Address: **240 Old Country Rd., Mineola, New York 11501**

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:

Name (PLEASE PRINT)

Pending Litigation: Yes No

SIGNATURE

Title of Case (PLEASE PRINT)

REPRESENTING (Business Name)

Date of Incident

MAILING ADDRESS _____

Person or Firm your Office Represents

PHONE NO _____

Address

FOR AGENCY USE ONLY

APPROVED; _____

DENIED: (for the following reason(s) below)

- _____ Confidential disclosure Part of Investigatory files
- _____ Unwarranted Invasion Of Personal Privacy
- _____ Record of Which This Agency is Legal Custodian Cannot Be Found
- _____ Record is not Maintained by this Agency
- _____ Exempted by Statute Other Than the Freedom of Information Act
- _____ Other (specify) _____

Signature Title Date

COPIES REQUESTED:

Yes _____ No _____

Number of pages: _____
Cost to Public \$ _____

If different from \$.25 per page, description of document:

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE RECORDS APPEALS OFFICER: **LORNA B. GOODMAN**, OFFICE OF THE COUNTY ATTORNEY, ONE WEST STREET, MINEOLA, NEW YORK 11501, WHO MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING TEN DAYS AFTER RECEIPT OF AN APPEAL.

I HEREBY APPEAL: _____
Signature Date