



COUNTY OF NASSAU
OFFICE OF THE COUNTY TREASURER
1 WEST STREET
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.

**Nassau County Treasurer
(516) 571-2090**

[name and address]

[date]

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Re: Freedom of Information Request

Dear Nassau County Treasurer:

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: **1 West Street, 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 _____

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COPIES REQUESTED:

Yes _____ No _____

Number of pages: _____
Cost to Public \$ _____

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

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NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE RECORDS APPEALS OFFICER: **JARED KASSCHAU**, 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