



Central Pine Barrens  
Joint Planning & Policy Commission

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

624 Old Riverhead Road Westhampton  
Beach, NY 11978  
(631) 288-1079 FAX (631) 288-1367

Form may be e-mailed to [info@pb.state.ny.us](mailto:info@pb.state.ny.us), mailed, or faxed to our office.

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**  
**To be completed by individual requesting access to records. Please complete electronically or print clearly**

Date Received(MM/DD/YY): For department use only
---

Application Number (For department use only) F
---

**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. The Commission requires the SUFFOLK COUNTY TAX MAP NUMBER of the property/parcel to research their files in addition to the project name, if applicable. Under the Freedom of Information Law the Central Pine Barrens Commission is required to supply **DOCUMENTS, NOT INFORMATION.**

If I desire copies of the records sought I hereby agree to pay the statutory fee (Cost of reproduction, \$.25 per page up to 11"X 17" in size. Larger documents are: \$1.75 for plans/maps 22"X34", \$1.50 for plans/documents 24"X30" in size. (postage additional)                      Yes                      No

**SECTION 2 – TO BE COMPLETED BY 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 Central Pine Barrens Commission, 624 Old Riverhead Road, Westhampton Beach, New York, 11978 – (631) 288-1079 within thirty (30) days of the denial. The Commission's Access Officer will respond to you in writing within ten (10) business days of receipt of your appeal.

Date:

**AGENCY'S FOIL OFFICER RESPONSE TO THE APPLICATION FOR PUBLIC ACCESS TO RECORDS - for department use only**

Date: MM/DD/YY

**APPLICATION NUMBER**  
F

**TO THE APPLICANT:** \_\_\_\_\_ (Name of Applicant)

Due to the extensive nature of your request, additional time beyond the FOIA 20 business days will be required to review the Commission's files for documents responsive to your request. Documents will be made available on or before \_\_\_\_\_ Date: MM/DD/YY

**RESPONSIVE RECORDS AVAILABLE:**

- Records responsive to your request have been located.
- Records cannot be found after diligent search.
- Records not possessed by this agency.
- Agencies are not required to respond to questions or inquiries only to provide records.
- There are no known records that are responsive to your request.

**DISPOSITION OF REQUEST:**

The document(s) you requested are available for your review. **Please contact the office at (631) 288-1079** to make an appointment to review the documents between the hours of 9:00 am and 5:00 pm.

If you want the documents copied without your review, please indicate yes or no and we will get back to you with the cost of reproduction. \_\_\_\_\_

The cost of reproduction is \$ \_\_\_\_\_. Please send check or money order payable to: The Central Pine Barrens Commission and submit to the Central Pine Barrens Commission, 624 Old Riverhead Road, Westhampton Beach, NY 11978. Once the payment is received, the copies will be made and you will be notified when they are ready for pick up.

- Documents are ready for pick up. Please contact the office at (631) 288-1079 to arrange to pick up the documents.
- Please indicate you will pick up the documents  or that you want the documents mailed

**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:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Specifically exempt by state or federal statute</li> <li><input type="checkbox"/> Unwarranted invasion of personal privacy</li> <li><input type="checkbox"/> Would impair present or imminent contract awards or collective bargaining negotiations</li> <li><input type="checkbox"/> Are trade secrets</li> <li><input type="checkbox"/> Are inter-agency or intra-agency materials that are not:             <ul style="list-style-type: none"> <li><input type="checkbox"/> statistical or factual tabulations or data</li> <li><input type="checkbox"/> instruction to staff that affect the public</li> <li><input type="checkbox"/> final agency policy or determinations, or</li> <li><input type="checkbox"/> external audits, including but not limited to audits performed by the comptroller and the federal government</li> </ul> </li> <li><input type="checkbox"/> The applicant's request does not reasonably describe the documents requested.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Complainants's name cannot be disclosed pursuant to the Public Officers Law Article 6, Sec. 89-2(a).<br/>would endanger the life of any person</li> <li>Are compiled for law enforcement purposes and which if disclosed would:             <ul style="list-style-type: none"> <li><input type="checkbox"/> interfere with law enforcement investigations or judicial proceedings</li> <li><input type="checkbox"/> deprive a person of the right to a fair trial or impartial adjudication</li> <li><input type="checkbox"/> identify a confidential source or disclose confidential information relating to a criminal investigation , or</li> <li><input type="checkbox"/> reveal criminal investigative techniques or procedures except routine techniques and procedures</li> </ul> </li> </ul> |
|---|--|

ACCESS OFFICER'S SIGNATURE:

TITLE:

Date: MM/DD/YY

\*\*\*\*\*

**For Department Use only:**  5 day letter sent Deadline 20 business days: (Date: MM/DD/YY)  
 Documents were picked up  emailed  or mailed  (Date: MM/DD/YY )  
 File closed (Date:MM/DD/YY):