

APPLICATION FOR PUBLIC ACCESS TO RECORDS
Suffolk County Department of Health Services

For office use only

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 Address: _____

Applicant's Phone #: _____ Applicant's Email: _____

Applicant's Signature: _____

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).

I HEREBY APPLY TO:

- Inspect the following record
- Receive a copy of the following document(s)

PROVIDE REQUEST TO:

Acting Freedom of Information Officer: Michelle Rosen
Agency Name: Suffolk County Department of Health Services
Address: 3500 Sunrise Highway, Suite 124
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