



FREEDOM OF INFORMATION LAW (FOIL) REQUEST FORM

DATE: _____

TO: FREEDOM OF INFORMATION LAW OFFICER
SUFFOLK COUNTY COMMUNITY COLLEGE
533 COLLEGE ROAD, SELDEN, NY 11784-2899

I hereby request to inspect and/or receive copies of the following records: (Please describe the records in specific detail to help locate the records requested.)

Signature of Requestor: _____

Printed Name of Requestor: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: _____

YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS REQUEST IN WRITING TO THE OFFICE OF THE COUNTY ATTORNEY WITHIN 30 DAYS OF A DENIAL. THE CONTACT INFORMATION IS LISTED BELOW.

SUFFOLK COUNTY ATTORNEY
DENNISON BUILDING, 5TH FLOOR
100 VETERANS MEMORIAL HIGHWAY
P.O. BOX 6100
HAUPPAUGE, NY 11788-0099