

**PORT WASHINGTON GARBAGE DISTRICT  
Freedom of Information Law  
Application for Public Access to Records**

SECTION 1 – TO BE COMPLETED BY APPLICANT (PLEASE PRINT CLEARLY OR TYPE). Please fill in the entire application.

Applications missing information will not be processed.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Representing, (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Review only? Yes  No

SECTION 2 – DESCRIPTION OF RECORDS SOUGHT TO INSPECT AND ANY SPECIAL INSTRUCTIONS. Please describe the records sought in as specific detail as possible with address, date or time frame, if applicable. If we cannot determine what records you seek your application will be denied. Under the NYS Public Officers Law the Port Washington Garbage District is only required to supply documents that already exist. (NYS POL ARTICLE 6).

Records / Documents requested:

---

---

---

---

---

---

---

---

Notes to Applicant:

- Be advised there is a statutory fee due, (\$.25 per page not in excess of 9x14) for copies. For anything else, including digital formats, cost of reproduction will be charged. Deposits may be required for voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a file. FOIL requests will not be processed for any person or company who fails to pay any outstanding FOIL fees due to prior FOIL request. Copies will be prepared unless specifically requested otherwise.
- The Public Officers Law requires that a municipality acknowledge receipt of a FOIL request within (5) Business days.
- The Public Officers Law also states that a municipality has up to 20 business days for processing your request. If more than twenty, (20) business days are required you will be so notified.
- You have the right to appeal a denial of this application in writing to the Commissioners of the Port Washington Garbage District. You will receive a response in writing within ten, (10) business days of receipt of your appeal.
- The within request may be submitted electronically by email to [commissioners@pwgarbagedistrict.com](mailto:commissioners@pwgarbagedistrict.com) or mailed to:

Port Washington Garbage District  
Attn: Paul Oleksiw  
P.O. Box 608  
Port Washington, NY 11050

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_