



Port Washington Water Pollution Control District
70 Harbor Road, Port Washington, NY 11050

www.pwwpcd.us

516-944-6100

To: RECORDS ACCESS OFFICER
70 Harbor Road
Port Washington, NY 11050

This is a request under the Freedom of Information Act.

I request that a copy of the following documents (or documents containing the following information) be provided to me:

I hereby declare, under penalty of perjury, that the above information ☐ is or ☐ is not (check one) being used for commercial or fund-raising purposes.

Signature

Telephone Number

Print Name

Date

Representing

Email address

Mailing Address

FOR DISTRICT USE ONLY

I have checked for records you requested with the following departments: _____

- ☐ And the attached documents were found (information not subject to FOIL may have been redacted.)
☐ And no documents were found.
☐ The _____ which is the subject of your request is not within the District's jurisdiction.

Your request cannot be responded to for the following reasons:

- ☐ Your request is not sufficiently specific for me to identify the records with reasonable certainty. You may renew the request with additional details.
☐ Disclosure of the information would be an unwarranted invasion of personal privacy.
☐ The information is exempt from release by statute.
☐ The records requested involve contract negotiations and are not disclosable.
☐ The records sought are District materials exempt from disclosure.
☐ The records cannot be released for the following reasons: _____

Signature

Title

Date

NOTICE: You have the right to appeal a denial of the application within 30 days. The head of the department must fully explain the reasons for such denial in writing within ten business days of receipt of an appeal. I hereby appeal:

Name

Date