Service Request Summary Report
24-00182301
Printed Date: Oct 4, 2024 - 10:03:42 AM

Type:	FOIL Requests - All Departments	**SR #:**	24-00182301
Created By:	public Site Guest User	**Prority:**	Standard
Service Request Owner:	FOIL Requests -311	**Status:**	New
Method Received:	API	**Status Date:**	Oct 04, 2024 9:25:12 AM
SLA Detail:	5 Business Days		
CR Number:		**Created Date:**	Oct 04, 2024 9:24:48 AM
		Overdue on:	Oct 11, 2024 9:24:48 AM
		Closed on:	
Location:	,		
Location Details:			
Description:	test Additional Details: TEST TEST TEST		
Action Taken:			

Service Questions

Questions	Answers
Which Agency or Department?	Unsure or Other
Which Bureau, Office, or Division?	
Which Health Bureau, Office, or Division?	
Which program or type of record?	
Which specific kind of information or record are you looking for?	
Is this concerning a hazardous material release, residential oil tank, residential well, underground storage tank (UST), above ground storage tank (AST), or fuel tank abatement?	No
Is this record request related to a real property or parcel?	No
SCTM District:	
SCTM District:	
SCTM Section:	
SCTM Section:	
SCTM Block:	
SCTM Block:	
SCTM Lot(s):	
SCTM Lot(s):	
Street Address?	
City?	
ZIP Code	
I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S): (Please describe the record sought. If not related specifically to property records, please include file name number or any other information that will help locate the record.)	test
If you have requested a list of names and/or addresses, will the list be used for solicitation or fundraising purposes?	No
If request is not for yourself, please enter the name of Person or Agency this request is on behalf of:	
How do you prefer the requested information or records be provided? If the records are not available by the method you have chosen you will be contacted to determine an acceptable alternative.	Electronically

Mailing Street Address	
Mailing City	
Mailing ZIP Code	
Mailing State	
If fees apply, please contact me if costs will be greater than the amount specified (fill in amount below). I understand that I will be notified if the fees exceed this amount prior to my request being filled.	

Contact Information

Name	Address	Email	Phones/Extensions
Testie Testerson	123 Tester, Cirty, NY, 11111	dtolman@yahoo.com	+1 (631) 853-8511

Service Activities

Activity Name	Status	Assigned To	Outcome	Outcome Reason	Finish Date
Initial Response	Not Started	Kristen Desantis			
Final Response	Not Started				

Resolution Questions

Service Activity	Resolution Question	Resolution Answer

Comments

Comment	Comment By	Created Date

Related Child Service Requests

Related Parent Service Requests

Report Date: Oct 4, 2024 - 10:03:42 AM