

[Print in black ink to fill in the spaces next to the instructions.]

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

In the Matter of the Application of

ROBERT COX  
[Fill in name(s)] Petitioner(s)

Index No.

NOTICE OF PETITION

-against-

CITY OF NEW ROCHELLE, WILFAGDA MECENAZ  
[Fill in name(s)] Respondent(s) CITY MANAGER

PLEASE TAKE NOTICE that upon the verified petition(s) of ROBERT COX, [your name(s)], sworn to on Dec 12, 2021, [date the Verified Petition was signed by a notary public], and the attached exhibits, petitioner(s) will request this Court, at 9:30 AM on the 31 day of December, 2021, [return date] at the Courthouse, at 111 Dr. Martin Luther King Jr. Blvd., White Plains, N. Y., Courtroom \_\_\_\_\_, (or an IAS Part to be assigned) for a judgment, pursuant to Civil Practice Law and Rules Article 4, granting the following relief to the petitioner(s): [describe what you are asking the Court to do]

Annul respondent FOIL denial of Dec. 4, 2021; compel production of redacted proposal and related records (or in camera review) with proper Vaughn index; award fees and cost (POL § 89(4)(c))

\_\_\_\_\_ and for such other and further relief as this Court may deem just and proper.

Dated: Dec 12, 2021, New York  
[Date petition signed]

Respectfully submitted,  
ROBERT COX  
Emmett Hove Apt #1  
Clyde Road Dublin New York  
+353 089 972 0669

Petitioner (s)  
[Your name, address, telephone no.]

To: Respondent(s)  
CITY OF NEW ROCHELLE  
515 North Ave  
New Rochelle NY 10801  
[Name, address and telephone no.]

WILFAGDA MECENAZ  
CITY MANAGER  
CITY OF NEW ROCHELLE  
515 North Ave  
New Rochelle NY 10801