

FOI#12216

(516) 747-1141

Fax (516) 741-5842

Email:

LTJonesAttv@cs.com

Jones and Jones
ATTORNEYS-AT-LAW
1000 FRANKLIN AVENUE
GARDEN CITY, NEW YORK 11530

Lawrence T. Jones
Member of the Bar
New York, Virginia and
District of Columbia

C. H. Tunncliffe Jones
1900-1991

Howard L. Demott
1913-2008

Office Established
October 17, 1929

March 23, 2011

Karen Eastman, Esq.
Law Department
225 Park Avenue
New York, NY 10003

FAX: 212 435-7555

Re: CSA claim

Dear Ms. Eastman:

Attached please find FOIL request for JFK Airport information for December 26, 2010 and December 27, 2010.

Thank you in advance for your attention to this matter.

Very truly yours,



For Lawrence T. Jones

Attachment

OMB No. 1615-0102: Expires 10/31/10

Form G-639, Freedom of Information/Privacy Act Request

Department of Homeland Security
U.S. Citizenship and Immigration Services

NOTE: Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

START HERE - Type or print in black ink. Read instructions before completing this form.

1. Type of Request (Check appropriate box)

- Freedom of Information Act (FOIA) (Complete all items except Number 6.)
- Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

2. Requester Information

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
PRASEK, MARIE		3/22/11	516 567-1795
Address (Street Number and Name)			Apt. Number
2661 CHESTER COURT			
City	State	Zip Code	
OCEANSIDE	NY	11572	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of requester:

- Deceased Subject - Proof of death must be attached (Obituary, Death Certificate, or other proof of death required)

3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records
- A portion of my records (If a portion, specify below what part, i.e., copy of application)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

4. Information Needed to Search for Record(s)

Identify the documents, records, or information you are seeking. Be as specific as possible.

IN RE: JFK AIRPORT/INTERNATIONAL TERMINAL = NEED EXACT TIMES OF OPENING AND/OR CLOSURE, AND/OR RE-OPENING OF AIRPORT ON DECEMBER 26, 2010 AND DECEMBER 27, 2010

Purpose: (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)

5. Data Needed on Subject of Record (Note: Items marked with an asterisk (*) must be provided if known.)

*Family Name (Last Name)	Given Name (First Name)	Middle Name

5. Data Needed on Subject of Record (Continued)

*Other Names Used (if any) <u>N/A</u>		* Name at time of entry into the U.S.	I-94 Admission #
*Alien Registration Number (A#)	* Petition or Claim Receipt #	* Country of Birth	*Date of Birth (mm/dd/yyyy)

Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
*Father's Name: Given Name (First Name)		Middle Name	Family Name (Last Name)
*Mother's Name: Given Name (First Name)		Middle Name	Family Name (Last Name) (including Maiden Name)

Country of Origin (Place of Departure)	Port of Entry Into the U.S.	Date of Entry (mm/dd/yyyy)
Manner of Entry (Air, Sea, Land)		Mode of Travel (Name of Carrier)

6. Verification of Subject of Record's Identity (See instructions for explanation. Check one box.) N/A

In-Person With ID Notarized Affidavit of Identity Other (Specify):

7. Signature of Subject of Record

(Original signature required): _____ Date (mm/dd/yyyy) _____
Telephone No. _____

8. Notary (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this 23rd day of March in the year 2011

Signature of Notary Joanne Lynch My Commission Expires on 10-31-2014

OR

NOTE: If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

Executed outside the United States

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature _____

Executed in the United States

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature Dariusz Kasek

Seal or Stamp

JOANNE LYNCH
Notary Public, State of New York
No. 01LY4812483
Qualified in Nassau County
Commission Expires October 31, 2014

THE PORT AUTHORITY OF NY & NJ

*Sheree Van Duyne
Acting FOI Administrator*

March 31, 2011

Mr. Lawrence T. Jones
Jones and Jones, Attorneys at Law
1000 Franklin Avenue
Garden City, NY 11530

Re: Freedom of Information Reference No. 12216

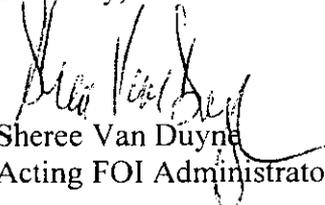
Dear Mr. Jones:

This is a response to your March 23, 2011 request, which has been processed under the Port Authority's policy on Freedom of Information (the "Policy," copy enclosed) for the time John F. Kennedy International Airport was closed and reopened on December 26, 2010 and December 27, 2010.

Material responsive to your request and available under the Policy, which consists of 2 pages, is enclosed, for a 50¢ photocopying charge for this material (25¢ per page). Payment should be made in cash, certified check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17th Floor, New York, NY 10003.

Please refer to the above FOI Reference number in any future correspondence relating to your request.

Sincerely,


Sheree Van Duyne
Acting FOI Administrator

Enclosure

*225 Park Avenue South
17th Floor
New York, NY 10003
T: 212-435-7348 F: 212-435-7555*

Kennedy Airport - Airport Operations Log

SNOWTAM

NOTICE TO AIRMAN - SNOW

Log Entered 12/26/10 20:16

Event Date/Time 12/26/10 20:16

Close Date 12/27/10 0:00

ISSUED:

Date: 12/26/2010

12/27/10

CANCELLED

Time: 20:16

20:03

FSS NOTAM #: 12/346

1:03

Component: AD

Condition: JFK CLSD

Reason: SNOW

[REDACTED]

[REDACTED]

<input type="checkbox"/>	389482	12/26/2010 22:25:22	Canceled	JFK	4R/22L 1/2 IN PSR DEICED SOL WEF 1012262225	PASSUR, JFK	PSSR	12/331	**DCA - PL** **CNLD DCA - MY**
<input type="checkbox"/>	389506	12/26/2010 23:03:32	CancelRejected	JFK	1/2 IN PSR DEICED SOL WEF 1012262305	PASSUR, JFK	PSSR		J SELDEN 718244 3801
<input type="checkbox"/>	389511	12/26/2010 23:07:39	Canceled	JFK	4L/22R 1/2 IN PSR DEICED SOL WEF 1012261805	PASSUR, JFK	PSSR	12/338	**DCA - CX** **CNLD DCA - MY**
<input type="checkbox"/>	389615	12/27/2010 01:28:00	CancelRejected	JFK	4R/22L CLSD	PASSUR, JFK	PSSR		j selden 718 244 3800
<input type="checkbox"/>	389616	12/27/2010 01:28:01	CancelRejected	JFK	4L/22R CLSD	PASSUR, JFK	PSSR		j selden 718 244 3800
<input type="checkbox"/>	389617	12/27/2010 01:28:01	Canceled	JFK	4R/22L RWY MARKINGS OBSC	PASSUR, JFK	PSSR	12/330	**DCA - CX** **CNLD DCA - MY**
<input checked="" type="checkbox"/>	390402	12/27/2010 23:11:40	Canceled	JFK	13R/31L 1/2 IN PSR SANDED WEF 1012272308	PASSUR, JFK	PSSR	12/351	**DCA - MY** **DCA - MY** **CNLD DCA - MO**
<input type="checkbox"/>	390409	12/27/2010 23:21:50	Canceled	JFK	13R/31L RCLL OBSC	*CF PASSUR, JFK	PSSR	12/354	**DCA - AT** **CNLD DCA - BH**

