

**TOWN OF BLOOMING GROVE
TOWN CLERK'S OFFICE
PO BOX 358, BLOOMING GROVE, NY 10914
(845)-496-3895 – FAX #845-496-1787
REQUEST FOR OFFICIAL COPIES**

I, _____,
(Name) (St. Address)

(City/Town) (Zip Code) Telephone #

hereby request a copy of the following Town of Blooming Grove records:

GOVERNMENTAL UNIT _____

DESCRIPTION OF RECORD(S) BEING REQUESTED:

I understand that the Town will endeavor to respond to this request within five (5) days.
I further understand that there is a fee of 25 cents per copy.

SIGNATURE _____

DATE _____

THIS REQUEST IS HEREBY AUTHORIZED.

COPY TO: _____ **SIGNATURE** _____

TITLE _____

DATE _____

THIS REQUEST IS HEREBY DENIED BECAUSE: _____

APPEAL PERMITTED: If your request is denied, you may appeal such denial, in writing, to the Town Board within 30 days.

*******DISPOSITION INFORMATION*******
APPLICANT NOTIFIED OF AVAILABILITY OF RECORDS REQUESTED:

DATE _____ **BY** _____ **TELEPHONE** _____ **MAIL** _____

PICKED UP BY APPLICANT _____ **NO. OF COPIES** _____

AMOUNT RECEIVED \$ _____