

**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 \$** \_\_\_\_\_