

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

DATE: _____

I, _____,
(NAME) (STREET 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: YES or NO

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 or mail

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

AMOUNT RECEIVED \$ _____

*****Once completed, please bring to Town Clerk's Office*****