



VILLAGE OF
PORT CHESTER

222 Grace Church St., Port Chester, New York 10573

(914) 939-5202
Fax: (914) 305-2560

Village Clerk

REQUEST FOR RECORDS FORM

Please mark the appropriate box, and specify Type of Record / Date of Record / If Report, who prepared it:

I am requesting to

VIEW

OBTAIN

Copies of

Your Name: _____

Address: _____

Phone: _____

Fax #: _____

Today's Date: _____

(Applicant does not fill in this section)

Date Received by Clerk's Office: _____

Authorized by: _____
Village Clerk

To be completed by: _____

FEE FOR COPIES OF RECORD: .25 PER PAGE

"Response shall be made no more than five (5) working days after receipt of this request by the agency or municipality, whether the request is oral or in writing"