



TOWN OF UNION VALE
249 Duncan Road
LaGrangeville, New York 12540
(845) 724-5600 Fax (845) 724- 3757

TO: RECORDS ACCESS OFFICER

Name of Unit

Address

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD (S):

Signature

Date

Representing

Phone Number

Email Address (please write clearly)

Fax Number

Mailing Address

(FOR AGENCY USE, ONLY)

APPROVED _____

DENIED FOR REASON STATED:

Signature

Title

Date