

Incorporated Village of Rockville Centre
PO Box 950
Rockville Centre, New York 11571-0950
516-678-9300 - Phone
516-678-9225 - Fax

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer

Dated: _____

I hereby request [select one :] inspection copying of the following records. If I am requesting copies, I agree to pay the statutory costs of copies.

Name of Requester: _____

Company: _____

Signature: _____

Mailing Address, including zip code: _____

Phone Number: _____

Email address (if response is requested by email):

For Village Use Only:

Date of Receipt of Request: _____

Department(s): _____

Available () YES () NO

Date Records Provided: _____