



**REQUEST FOR OFFICIAL RECORDS OF THE**

**VILLAGE OF SOUTH GLENS FALLS  
518-793-1455 Fax 518-793-3063**

DATE: \_\_\_\_\_

RECORDS REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW MANY COPIES: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

The Clerk-Treasurer will acknowledge this request within 5 business days and comply within 20 business days.

\_\_\_\_\_  
Clerk-Treasurer