



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