

TOWN OF YORKTOWN TOWN CLERK

363 Underhill Avenue, Yorktown Heights, New York 10598 Phone (914) 962-5722 x209, Email: townclerk@yorktownny.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Please print clearly

Name:	Date:
Company (if applicable):	
Address:	
City, State, Zip:	
Phone:	Fax:
Email:	
RECORD:	<u>S REQUEST</u>
you are requesting is necessary to accurately res you <u>MUST</u> include the Section, Block & Lot	
	ent(s):
I hereby apply to inspect/obtain the following re	ecord(s):
Signature	Date
An acknowledgement of your request will be see Our departments will have up to twenty (20) da	

documents. There is a twenty-five cents (\$.25) per page charge for each regular size ($\$.12 \times 11$) public document copied. There will be additional charges for larger size documents, maps, tapes, disks, etc.

Signature



Registrar of Vital Statistics Telephone: (914) 962-5722 x 208 Fax: (914) 962 6591

TOWN OF YORKTOWN 363 Underhill Avenue, P.O. Box 703 Yorktown Heights, NY 10598

SOLICITATION OR FUNDRAISING PURPOSES CERTIFICATION AND AFFIRMATION

I, _____, hereby certify that in accordance with Public Officers Law §87(2)(b), §89(2)(b)(iii), the record of the names and addresses that I receive will not be used for solicitation or fund-raising purposes and I will not sell, give or otherwise make available such lists of names and addresses to any other person for the purpose of allowing that person to use such lists of names and addresses for solicitation or fund-raising purposes.