Inc. Village of Lattingtown

Application for Public Access to Records

i nere	eby apply to inspect the folio	wing record	1(\$):	
Name (F	neint od)	_	Dovesting	
Name (i	rintea)		Representing	
	Address			
Mailing Address			Date	
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Phone N	lumber			
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Signatui		******	************	
	Fo	r Agency Us	e Only	
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Denie	ed (for the reason(s) checked	d below)		
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Signature		Т	Title	
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