Village of Scarsdale

Jonathan I. Mark, Mayor
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Stephen M. Pappalardo, Village Manager
Elizabeth Marrinan, Planner

Records Request Form

Name: _____

Company: _____

Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

Please identify the property records you are requesting:

_____

(Address) (Section, Block, Lot) Board of Appeals or Planning Board Application

Please attempt to identify the specific records in which you are interested in as clearly as possible:.

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We will make our best effort to respond to your request as soon as possible; however, if the request is extensive or needs clarification we will contact you.

Fees: $.25 for 81/2" X 11" and $15.00 per plan.

Signature of Person Requesting Information: _____ on__/__/__

Signature of Person Receiving Information: _____ on__/__/__

Signature of Village Representative: _____ on__/__/__