VILLAGE OF BELLPORT
REQUEST FOR RESEARCH

Date Stamp

Property Address: _____

Town: _____ Village _____

District: 0202 Section: _____ Block:_____ Lot: _____

Tax Class: _____

Property Owner: _____

Company Requesting Research: _____

____ Agent for Owner _____ Agent for Architect _____ Agent for Builder

Research Requested (check one):

____ Card File _____ Building Permits

____ Records _____ Violations

____ Certificate of Occupancy (CO) _____ Tax

Signature and Title: _____ Date: _____

Contact Phone: _____

For Office Use Only

Fee Paid: $50 Check #: _____ Cash: _____ Credit: _____

Research Completed Date: _____

Researcher: _____

Applicant Contacted by: _____ Date: _____