



Christopher P. St. Lawrence
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**COPY REQUEST FOR
TOWN OF RAMAPO RECORDED PROGRAMS**

Name: Last _____ Today's Date: _____

First _____ Date of Event: _____

Name of Organization: _____

Phone:

Home: _____ Cell: _____ Other: _____

Copy on VHS: _____ Copy on DVD: _____ Number of Copies: _____

Blank tape or DVD Supplied: Yes _____ No _____

Date when needed by (min. 2 weeks): _____ Town Fee: _____

Signature: _____

Note: This form may be returned via fax to 845-369-8747.