Village of North Haven

335 Ferry Road, North Haven
Sag Harbor, NY 11963

REQUEST FOR SERVICE FORM

Date: _____

Name _____

Address_____

Phone/Email_____

Service Requested_____

_____

_____

For Office Staff only

How Request was Received:

[ ] Phone [ ] Mail [ ] Email [ ] In Person Received by: _____

Referred To: _____

Date: _____

Action Taken:_____

_____

Comments: _____

_____

_____

Reviewed by:_____

Follow up with applicant done by and date:_____