

**INC. VILLAGE OF ISLAND PARK
BOARD OF TRUSTEES
127 Long Beach Road
Island Park, New York, 11558
516-431-0600**

REQUEST FOR RECERTIFICATION

MOTHER -DAUGHTER/FATHER-SON RESIDENCE

Name of Applicant: _____
(Legal Owner)

Address: _____

Telephone #: _____

Location of Property: _____

Section: _____ Block: _____ Lot/s: _____

Date Original Application Granted: _____

Present Occupants:

Name:	Age:	Relationship to Fee Owner:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement:

I do hereby state that I am the owner in fee or contract resident vendee of the subject premises; that I have read the contents of the foregoing and know the same to be true and correct in every respect.

Name: _____

Phone: _____

Sworn to before me this _____

Day of _____ 20_____

Notary Public