

REQUEST FOR INSPECTION OF RECORDS/COPY FREEDOM OF INFORMATION

Date: _____

Name: _____ Telephone # _____
(Name of person requesting record.)

Address: _____ Zip _____

Signature: _____

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In all cases, the Town Clerk's Office/Department has five (5) business days from the above date to respond to this request.

Please be advised, each face page copied, will cost \$.25 a page.

Number of face pages _____ x \$.25 per page = _____

TYPE OF DOCUMENT & SPECIFIC INFORMATION DESIRED

* * * * *

Clerk/Dept. Handling Request: _____

Date Notification of Availability: _____

Date Documents Picked Up: _____

Total: \$ _____

Signature: _____