

# REQUEST FOR INSPECTION OF RECORDS/COPY FREEDOM OF INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Name of person requesting record.)

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

\* \* \* \* \*

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

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Clerk/Dept. Handling Request: \_\_\_\_\_

Date Notification of Availability: \_\_\_\_\_

Date Documents Picked Up: \_\_\_\_\_

Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_