



Public Records Information Request

NAME: _____

DATE: _____ CONTACT PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

Please indicate the format in which you would like to receive the record:

Email

Paper copy

Records provided electronically through email are provided at no charge. Paper copy of records are billed at the established rate in the Town's Fee Schedule.

REQUEST (DETAILED DESCRIPTION PLEASE):

FORM MUST BE PROVIDED TO THE TOWN CLERK **FOR OFFICE USE ONLY:**

REQUEST: APPROVED DENIED (*EXPLANATION REQUIRED*):

DATE SUBMITTED: _____

DATE PROVIDED TO TOWN CLERK: _____

RECEIVED BY: _____

DATE COMPLETED: _____

DATE PICKED UP: _____

FEE AMOUNT: _____

DATE PAID: _____ RECEIPT NUMBER: _____