You may use this form to request copies of public records from Town agencies, boards, departments, and divisions. Although any written request for records may be submitted, use of this form is encouraged to ensure that you can be provided with the correct records as quickly as possible. Please write legibly. Separate forms should be used to request Geographic Information Systems (GIS) maps, data, abutters, and data layers.

1. Name: ____________________________________  Phone: _(_______)__________________  
   Mailing address: __________________________________________________________________

2. Office/Department from which records are sought: ______________________________________

3. Please provide me with copies of the following records (continue on back if necessary):

   □ check here for certified copies

4. Please provide me with any such electronically-stored records in the following format:
   □ printout  □ computer diskette  □ other: ____________________________________________

5. When the records are ready, please: □ mail them to me  OR  □ call me for pickup

OFFICIAL USE ONLY  * = prior authorization of Town Law Department is required

□ date request was received: ____________ □ date of status letter to requestor: ______________

□ date copies were mailed or requestor was called for pickup: ______________

□ fee charged in advance ($10 or more) or □ fee billed at delivery:
   $____ for photocopies of _____ pages at $0.50 each
   $____ for _____ diskettes or other data storage device (specify): __________________________
   $____ salary for ____ employee hours necessary for computer reformatting/reprogramming*
   $____ fees of outside contractor necessary for copying/retrieval of electronic data*
   = $____ TOTAL

□ requestor notified by letter dated _________________ that any record will not be provided because:
   □ record does not exist or could not be located after thorough search
   □ electronic data could not be provided in requested format*
   □ exempt from disclosure because:* ________________________________________________