



RECORDS REQUEST FORM

Please print

NAME: _____

ADDRESS: _____

DAYTIME PHONE #: _____

FAX TELEPHONE #: _____

DATE: _____

STATUS:

Not applicable because the record is public

I am the subject of the record

I am the parent or legal guardian of a minor who is the subject of the record

I have power of attorney or notarized release from the subject of the record or provider of the information

I have a legislative subpoena or court order

I understand that I may be responsible for the actual costs associated with providing this information.

Signature

Description of Record(s) Requested (Must be described specifically)

*Record Request Forms are Public Documents

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____

CLASSIFICATION OF RECORD REQUESTED

PUBLIC

PRIVATE

PROTECTED

CONTROLLED

TOWN RESPONSE TO RECORD REQUEST

APPROVED / DATE _____

DENIED / DATE _____

REQUEST FOR EXTRAORDINARY CIRCUMSTANCES

(If Approved) It is estimated the record will be available on _____

Fee Charged: _____

Signature of Record Provider _____