

REQUEST FOR INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

DESCRIPTION OF INFORMATION REQUESTED:

* INFORMATION REQUESTED WILL BE PROVIDED WITHIN 5 BUSINESS DAYS OF REQUEST, OR A WRITTEN ACKNOWLEDGEMENT WITH A STATEMENT OF THE APPROXIMATE DATE WHEN THE REQUEST WILL BE GRANTED OR DENIED WILL BE GIVEN. IF DENIED, A WRITTEN EXPLANATION FOR THE DECISION WILL BE PROVIDED. THE TOWN'S FEE FOR COPIES OF INFORMATION IS \$.25 PER PAGE.

SIGNATURE

DATE

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION REQUESTED

I hereby certify that I have received the information described above.

DATE

SIGNATURE