

**Freedom of Information Act  
Record Request Form**

Please provide the following to ensure that the Town responds fully and accurately to your request:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Records Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Format Requested:    \_\_\_ Copies (pick-up \_\_\_ or mailed \_\_\_)    \_\_\_ Email Attachments  
                             \_\_\_ On-Site Viewing (no replication) \_\_\_    USB Drive Files

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**TOWN USE ONLY**

Date of Request: \_\_\_\_\_ Date of Response: \_\_\_\_\_

Date of Extension Requested and Agreed to: \_\_\_\_\_

Applicable Charges Paid (if any): \_\_\_\_\_ Charges Waived: \_\_\_\_\_

Completed by: \_\_\_\_\_ (Town Staff)

Approved by: \_\_\_\_\_ (Town FOIA Officer)