

**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

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)