



DOCUMENT REQUEST FORM

Name*: _____ Date*: _____

Address*: _____

Daytime Phone Number *: _____

Best time to be contacted*: _____

** Required information*

I am requesting to view

I am requesting _____ copy/copies of

Document Minutes Tape email other

Title and Description

Please provide specific information

For property information - Name of property owner or tax map and lot number

For minutes and tapes – name of board/committee and date of meeting

For email – From, To and Subject

Payment in full for copying of paper documents and tapes per fee schedule will be required. The secretary will contact you after this request is submitted, before processing.

FEES:

Copies: .25 each/8½ x 11

Office Assistance: First 15 minutes – No charge.
 Over 15 min. - \$20/hour and \$5/15 min.

Tapes: \$10.00/per tape includes use of equipment

