**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
For Office Use

Requested:  □ In Person  □ Letter  □ Telephone  □ FAX  □ email

Attach Letter, Fax or email

Date Received: ____/____/_____

Received by: ________________________        _______  Initials

Requested Item:  □ Available

□ Not Current Available  Date of Availability:  ____________

□ Not Available
Reason:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date Request Completed:  __________

RESPONSE:  Date Contacted:  __________

Method:  □ In Person  □ Letter  □ Telephone  □ FAX  □ email

Name:  ________________________        _______  Initials

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Fees for requested item:  $___________

□ Payment Received  By:__________________________          _______  Initials