



## REQUEST FOR INSPECTION/COPYING OF RECORD

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_ Day time phone #: \_\_\_\_\_

### INSTRUCTIONS:

Indicate below the information you desire and/or list each requested document. Please be as specific as possible. Allow three (3) working days for a search of the records.

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Purpose of request:

Court Case       Personal Information       Other (please specify)

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Certified Copy?       Yes       No

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### FOR TOWN CLERK USE ONLY

Responsible Department \_\_\_\_\_

Availability:     Paper Copy       Electronic Format

Location:       In Storage       Readily Available (on-site)

Cost Estimate: # of copies @ \$.25 = \_\_\_\_\_

Research and Retrieval Fees: Number of hours @ hourly rate = \_\_\_\_\_

Total Cost Estimate: \_\_\_\_\_

Having received the foregoing cost estimate, I choose to confirm my request for the records described and agree to pay the charges at the time the records are made

