

TOWN of MIDDLEFIELD, CONNECTICUT



Office of the First Selectman

FREEDOM OF INFORMATION ACT REQUEST

DATE: _____

NAME: _____ ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE DESCRIBE WITH SPECIFICITY THE DOCUMENT(S) YOU ARE REQUESTING.

I AM REQUESTING TO (PLEASE CHECK ONE):

-REVIEW RECORDS AT TOWN OFFICE BUILDING _____

-RECEIVE COPIES OF REQUESTED DOCUMENTS _____

-OTHER (PLEASE SPECIFY) _____

I AGREE TO PAY SUCH FEES AND COSTS SHOWN ON THE TOWN OF MIDDLEFIELD FOI FEE SCHEDULE PRIOR TO RELEASE OF DOCUMENTS TO ME. I UNDERSTAND THAT DOCUMENTS MAY BE PICKED UP AND PAYMENT MADE IN THE TOWN CLERK'S OFFICE. IF I AM RECEIVING PUBLIC ASSISTANCE OR CAN DEMONSTRATE OTHER FACTS INDICATING MY INABILITY TO PAY, I MAY MAKE SUCH SHOWING TO THE FIRST SELECTMAN WHO MAY WAIVE FEES AND COSTS.

REQUESTER SIGNATURE _____

DEPARTMENT USE ONLY

DATE REQUEST RECEIVED _____ RECEIVED BY _____

DATE DOCUMENTS COMPLETED AND DELIVERED TO TOWN CLERK _____

TOTAL NUMBER OF PAGES _____ COST \$ _____

DATE DOCUMENTS PICKED UP _____