

# 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.

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\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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### 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 \_\_\_\_\_