TOWN OF CLAYTON
REQUEST FOR RECORDS FORM
UNDER FREEDOM OF INFORMATION LAW

NAME(S): _____

ADDRESS: _____

_____

_____

PHONE #: _____

For Office Use Only

Date received: _____

Date supplied: _____

Date mailed: _____

Authorized signature: _____

Person(s) requesting records should supply the following information: Date(s), title(s), file designations, or any other information that will help to find requested records.

Within five business days of the receipt of a written request for a record reasonably described, the agency must make the record available, deny access in writing giving the reasons for denial, or furnish a written acknowledgment of receipt of the request and a statement of the approximate date when the request will be granted or denied.

A fee of .25 per sheet will be required.

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If denied, reason for denial: _____

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Signature of Request Date