



# TOWN OF CLAYTON

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## REQUEST FOR RECORDS FORM (under Freedom of Information Law)

NAME(S): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TEL. #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
HOW YOU WOULD LIKE INFO PROVIDED:  
 email,  fax,  hardcopy

FOR OFFICE USE ONLY	
Date Rec'd:	_____
Date Supplied:	_____
How it was Supplied:	_____
Auth. Sig.:	_____

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 (5) 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 page will be required.

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If denied, reason for denial:

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\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date