FREEDOM OF INFORMATION ACT REQUEST

Date: ____________________________

Name(s): ____________________________

Address (Optional): _________________________________________________________

Phone # (Optional): ___________________________________________________________

Email (Optional): _____________________________________________________________

Please describe with specificity the document(s)/materials you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request.

(Attach additional pages if needed and put Name and Date on each attachment.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

I want to (please check one):

Review Records or Documents at Town Hall  ________

Receive Hard Copies of Requested Documents  ________

Other (please specify – use additional pages if necessary) ________

I agree to pay such fees and costs as noted in the Town of Essex’s FOIA Summary of Charges prior to the release of materials or documents to me or my designated representative. I understand that materials may be picked up and payment made at the Town Clerk’s Office. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence.

Signature of Requester: ________________________________________________________

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Department Use Only

File No. XXXX - XX – XXXX    Refused to Submit Form:_________ (init)

Date Request Received:________________________ Date Picked-Up:________________________

Docs Returned to TC:________________________ Date Completed:________________________

# of Pages: ____________________________ Cost: $________________ Payment:$__________

Notes: