

# TOWN OF COLLBRAN OPEN RECORDS REQUEST

## VI. REQUEST FOR INSPECTION/COPYING OF RECORD

Date of Request \_\_\_\_\_ Time of Request \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Description of Document \_\_\_\_\_

Purpose of Request:

Court Case  Personal Information  Other (please specify) \_\_\_\_\_

Request To: Inspect \_\_\_\_\_ Receive Copies \_\_\_\_\_

Means of Notification: Mail \_\_\_\_\_ Fax \_\_\_\_\_ Pick Up \_\_\_\_\_

Certified Copy?  Yes  No

\_\_\_\_\_  
Signature Date

### FOR TOWN CLERK USE ONLY

Availability:  Paper Copy  Electronic Format

Location:  In Storage  Readily Available (on-site)

Cost Estimate: # of pages @ \$ .25 = \_\_\_\_\_

# of hours @ \$20.00 = \_\_\_\_\_

Total Cost Estimate: \_\_\_\_\_

Request Denied - Basis for Denial \_\_\_\_\_

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay a deposit of 50% now and the balance of the charges at the time the records are made available.

Yes  No - Cancel Request

Deposit/Payment Received \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_  
Date Signature

**Distribution:** Date Mailed \_\_\_\_\_ Initials \_\_\_\_\_ Date Faxed \_\_\_\_\_ Initials \_\_\_\_\_  
Date Picked Up \_\_\_\_\_ Initials \_\_\_\_\_