REQUEST FOR INSPECTION OF RECORDS



Control Number	Date of Request
Name of Person Requesting	
AddressStreet Address	City, State ZIP Code Phone
Specific Record Requested	
Blotter	
Date & Time of Occurrence	
Specific Information Requested	
** FEES — Pay at Town Clerk's Office —	\$0.25 per paper copy / \$5.00 per CD / \$10.00 per thumb drive **
	uested record(s) shall be made available for inspection ****
This notification shall entitle the person named therein, or an authorized representative (notarized), to inspect the above mentioned record and shall be good until 4:00 P.M. on the day used. It may not be extended to another day without a new Request For Inspection of Records form. In all	
	within ten (10) days of the issue date as marked on the

** For Office Use Only **

Record Requested ______ Date of Issue _____

Inspection to take place at _____

Date notification of availablity sent _____