

"RIGHT TO KNOW" REQUEST

The public information identified below is requested forthwith, pursuant to New Hampshire RSA 91-A.

INFORMATION REQUESTED FROM:

NAME OF PUBLIC BODY
STREET AND/OR PO BOX
CITY, STATE, ZIP

NAME OF PERSON MAKING REQUEST:

(PRINT) _____ DATE _____

O I WISH ONLY TO INSPECT AT THIS TIME.

IF REQUESTED INFORMATION IS NOT IMMEDIATELY AVAILABLE, I WOULD LIKE TO HAVE IT:

****Please note that requested documents cannot be sent electronically****

O sent to me via U.S.P.S. mail to (Postage charges apply): _____

O held for me. Call me at _____ and I will pick up.

O other: _____

Signature of person making request _____

DESCRIPTION OF INFORMATION REQUESTED:

I HEREBY ATTEST THAT I HAVE RECEIVED A COPY OF THIS PUBLIC INFORMATION REQUEST ON BEHALF OF
THE PUBLIC BODY NAMED ABOVE AT _____ AM or PM ON _____, 20____.
(circle one) (month and day) (year)

Name of person accepting request (PRINT)

Signature of person accepting request

O The requested information is NOT AVAILABLE. Reason _____

O The information may not be available. We will search and notify you of our results. (attach explanation if necessary)

O The information is available, and the cost to reproduce will be \$.50 per 8 1/2 X 11 photocopy; larger documents or records will be charged at the cost to reproduce them.

Name of person responding (PRINT)

Signature of Person Responding

Date of Response