



RECORDS REQUEST FORM (GRAMA)

DATE: _____ NAME: _____ ADDRESS: _____ _____ DAYTIME PHONE #: _____ EMAIL ADDRESS: _____	STATUS: <input type="checkbox"/> Not applicable because the record is public <input type="checkbox"/> I am the subject of the record <input type="checkbox"/> I am the parent or legal guardian of a minor who is the subject of the record <input type="checkbox"/> I have power of attorney or notarized release from the subject of the record or provider of the information <input type="checkbox"/> I have a legislative subpoena or court order
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I understand that I may be responsible for the actual costs associated with providing this information.

Signature

Description of Record(s) Requested (Must be detailed)

FOR OFFICE USE ONLY:

DATE RECEIVED: _____	TIME RECEIVED: _____
CLASSIFICATION OF RECORD REQUESTED	TOWN RESPONSE TO RECORD REQUEST
<input type="checkbox"/> PUBLIC	<input type="checkbox"/> APPROVED / DATE _____
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> SENT/PICKED UP / DATE _____
<input type="checkbox"/> PROTECTED	<input type="checkbox"/> DENIED / DATE _____
<input type="checkbox"/> CONTROLLED	<input type="checkbox"/> REQUEST FOR EXTRAORDINARY CIRCUMSTANCES

Notes: _____

(If Approved) It is estimated the record will be available on _____

Fee Charged: _____ Signature of Record Provider _____