



# Town Of New Sharon

## Freedom of Information Act (FOIA)

### Record Request

### Record(s) being requested

Description of Record(s)	Date span(s) requested	Preferred Format: paper copy or electronic format (if available)

**Requestor's Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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*Office Use Only*

Request Granted     Request Denied (written denial attached)

Date: \_\_\_\_\_ Name: \_\_\_\_\_