

TOWN OF OAKFIELD
REQUEST TO EXAMINE OFFICIAL RECORDS

Date of Request _____

Person making request _____

On behalf of (firm or organization) _____

Address _____

Telephone Number _____

Description of item(s) requested for examination (Please be specific)

Dated _____

Photo copy requested? yes no

(price for copies is \$.25 each)

Signature

For Town Use Only

Approved for examination yes no

If no, reason for denial _____

Freedom of Information Officer

**PUBLIC RECORDS AND PHOTOGRAPHIC COPIES WILL BE PROVIDED AT TOWN CONVENIENCE
WITHIN THE GUIDELINES OF THE FREEDOM OF INFORMATION ACT.**