

Town of Whitefield 36 Townhouse Road Whitefield, ME 04353 Phone 207-549-5175 Fax 207-549-3231

FREEDOM OF ACCESS ACT REQUEST FORM

We ask that requests be submitted in writing solely to ensure accuracy of the information to be provided. It is not required by law to do so, nor are you required to provide your name or address.

Date of Request:				
Name of Requestor:				
Phone Number:		Email:		
Form of Request:	In PersonEmail	Phone		
Information Requeste	ed:			
Date Received:				
Received By:				
Status of Request:	Request Denied	Information	Does Not Exi	st
	Information Exists in Part	Information	Shall Be Prov	vided
Date of Reply:				
Photocopying Cost:	\$0.25 per page – Letter	Number of Pa	ıges:	Cost:
\$1.00 per page – Leg	gal and Ledger Numb	er of Pages:		Cost:
Staff Research Fee:	First hour at no charge, \$15	.00 per hour for	additional hou	ırs.
Staff Hours Head:	Cost of Staff Hours:		Total	Cost:

WORKSHEET - OFFICE USE ONLY

Staff Time Log				
Date	Start Time	End Time		
	I			

Copy Counts				
Letter	Legal/Ledger			