



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 Person Email Phone

Information Requested:

Date Received: _____

Received By: _____

Status of Request: Request Denied Information Does Not Exist
 Information Exists in Part Information Shall Be Provided

Date of Reply: _____

Photocopying Cost: \$0.10 per page Number of Pages: _____ Cost: _____

Staff Research Fee: First two hours at no charge, \$25.00 per hour for additional hours.

Staff Hours Used: _____ Cost of Staff Hours: _____ Total Cost: _____

