

TOWN OF LEDYARD
741 Colonel Ledyard Hwy
Ledyard, CT 06339

FREEDOM OF INFORMATION ACT REQUEST

Date: _____
Name (Optional): _____
Address (Optional): _____

Phone # (Optional): _____
Email (Optional): _____

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

I want to (please check one):

- Review Records or Documents at Town Hall
- Receive Hard Copies of Requested Documents
- Other (please specify)

I agree to pay such fees and costs noted in the Town of Ledyard's FOI Fee Schedule prior to the release of documents to me. I understand that materials may be picked up and payment made at the Town Clerk's Office. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence.

Signature of Requester: _____

XX

Department Use Only

Date Request Received: _____ Date Picked-Up: _____
Docs Returned to TC: _____ Date Completed: _____
of Pages: _____ Cost: \$ _____

Notes: