



TOWN OF LITCHFIELD

2400 HALLOWELL ROAD
LITCHFIELD, MAINE 04350-9725

FAX (207) 707-8485

TEL. (207) 268-4721

REQUEST FOR PUBLIC RECORDS

While you are not required to provide us with your name or contact information when making a request for records, the town is allowed five (5) working days by law to evaluate your request and either grant or deny it. Your decision to volunteer your name and contact information will allow us to reach you when your request is processed. Fees: \$25 per hour after the first two hours (first two hours are free). Estimate is required if total will exceed \$30; copy rate is \$0.10 per page. Prepayment required is estimate if more than \$100, or prior non-payment.

Today's date: _____

Name of requestor: _____

Phone: _____

Address: _____

Email: _____

Please describe the records you are requesting, including timeframe (when possible) and subject matter (use reverse side if more space is needed):

FOR OFFICE USE ONLY:

Fee/explanation: _____

Date received: _____ Date completed: _____