



TOWN OF LISBON

REQUEST FOR PUBLIC RECORDS FORM

*** Please Print Clearly in Black Ink Only**

Name of Requestor:		Phone Number:
Address:		E-Mail:
Town:	State:	Zip Code:

If you can not identify a specific record(s), clearly explain the type of records you are seeking:

Date or Timeframe of the record(s) being requested:

Please identify what subject the record(s) should contain:

Medium requested which is subject to fees in Appendix C/Code Book and 1 M.R.S.A. § 408 (3) (B):

Paper Copy
 Printed Report
 Mailing Labels
 Electronic PDF File (If one exists)
 By CD
 By Email (Zip File)

Arrangement for Payment: Personal/Business Check
 Certified/Bank Check
 Money Order
 Cash

If no such record exists which contains this information, you may want to refine your request or explain to the Researcher exactly what information you hope to learn from the record(s) in order to define your request to find a record(s) that meets the exact request.

Inspection by Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates & Times Available:
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*** NOTE: You should be notified within 5 working days if your request or any part of your request will be denied.**

Signature: _____ Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Date filed with Town Clerk _____ <input type="checkbox"/> Copy of Request to Town Manager <input type="checkbox"/> CONFIDENTIAL documents, require T.M. Approval Signature: _____ <input type="checkbox"/> Request forwarded to _____ on _____ <input type="checkbox"/> Date Notified Info. Ready _____	<input type="checkbox"/> Time spent retrieving, compiling, or redacting information for request was over 1 hour. # of hours after first 2 hours _____ x \$25.00 per hour <i>\$0.10 per Copy</i> Fees Assessed: _____ Materials Rec'd By: _____ Date Materials Picked Up: _____
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