

**TOWN OF NEW MILFORD
FREEDOM OF INFORMATION REQUEST**

Under the Freedom of Information Act, Section 1-15, I am hereby requesting any information for records (specific document name, and/or section, and number of pages required) on:

NAME: _____

ADDRESS: _____

NAME OF DOCUMENT(S) AND NUMBER OF PAGES:

APPLICANT: _____ Date: _____

PRINTED

MAILING ADDRESS: _____

STREET

TOWN ST ZIP

PHONE #: _____

SIGNATURE: _____

(PAYMENT OF \$.50 PER PAGE FOR 8 1/2" x 11" COPIES AND
\$1.00 PER PAGE FOR 11" x 17" IS REQUIRED.)

State Statute Sec. 1-212(a); Sec. 1-212(B) & Sec. 1-212(c)