

# TOWN OF PAVILION

## Request to Examine Official Records

Date of Request \_\_\_\_\_

Person making request \_\_\_\_\_

On Behalf of (firm or organization) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Description of item/s requested for examination: (PLEASE BE SPECIFIC)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

Photo-copy requested ( )yes ( )no

(Price for standard copies is \$.25)

\_\_\_\_\_

Signature

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(For Town use only)

Approved for examination ( )yes ( )no

If no, reason for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Freedom of Information Officer

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PUBLIC RECORDS AND PHOTOGRAPHIC COPIES WILL BE PROVIDED AT TOWN CONVENIENCE WITHIN THE GUIDELINES  
OF THE FREEDOM OF INFORMATION ACT