TOWN OF MANSFIELD
4 South Eagleville Road
Mansfield, CT 06268
www.mansfielct.org

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 at Town Hall (vault in Town Clerk's Office)

☐ Receive Hard Copies of Requested Documents

☐ Other (please specify):

_____
_____

I agree to pay such fees and costs noted in the Town of Mansfield 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: _____

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