



Town of Milton

P.O. Box 310 ~ Milton, New Hampshire 03851-0310 ~ (603) 652-4501 ~ Fax (603) 652-4120

Request for Information under the Right to Know Law

Date: _____

I, _____, request the following information from the Town of Milton under RSA 91-A:4,IV, "Right to Know" Access to Public Records law: _____

I understand that under RSA 91-A:4,IV, the Town has five business days to furnish the request, or provide in writing why the request was denied, or provide in writing when the request will be available. I understand that if the information requested is not in a ready-made format/file/document(s) the Town has no obligation to create the format/file/document(s).

I also understand I am responsible to pay in advance any and all fees required for supplying the request such as photocopying, tape/disc copying, postage, etc. Per the Board of Selectmen on September 8, 2010 fees for an 8x11 photocopy are \$1.00 per page. Please refer to the Copy and Article Fee Schedule at the Milton Town Hall for the cost of other items. Payment shall be paid to the Town in advance. Upon receipt of payment, requested information will be provided on a date certain of when request will be available.

*****THIS FORM MUST BE SUBMITTED TO THE TOWN ADMINISTRATOR*****

Signature: _____
Printed name: _____
Street address: _____
City/Town, State, Zip: _____

For office use only

Date Completed: _____
Completed by: _____
Fee paid: _____