TOWN OF RANGELEY

REQUEST FOR PUBLIC RECORDS FORM

***Please Print Clearly**

Name of Requestor:		Phone:
Address:		Email:
Town:	State:	Zip Code:
If you cannot identify a specific record(s), clearly explain the type of record(s) you are seeking:		
Date or timeframe of record(s) being requested:		
Please identify what subject the record(s) should contain:		
Medium Requested: ☐ Paper Copy ☐ Mailing Labels ☐ PDF ☐ CD ☐ Email		
Arrangement for Payment: ☐ Check ☐ Certified Bank Check ☐ Money Order ☐ Cash		
Requesting Inspection Appointment: ☐ Y ☐ N	Date(s) & Time(s) Requested:	
Signature:	Date:	

***NOTE: You should be notified within 5 working days if the agency or official having custody of the requested record is unable to comply with the request.**

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FOR OFFICE USE ONLY

Date filed with Public Access Officer: _____	☐ Time spent retrieving, compiling, or redacting information for request was over 1 hour.
Request forwarded to: _____	# of hours after the 1st hour_____ x $15.00 per hour $.10 per 8.5 x 11 – 1 sided copy per page $1.00 per 11 x 17 – 1 sided copy per page
On: _____	Fees Assessed: _____
Date notified info is ready: _____	Materials Rec'd By: _____ Date Materials Picked Up: _____

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Updated 12/9/2022