Town of Unity

FOAA REQUEST FOR PUBLIC RECORDS

Please Print Clearly in Black Ink Only

While you are not required to provide us with your name or contact information when making a request for records, the Town is allowed five (5) working days by law to evaluate your request and either grant or deny it. Your decision to volunteer your name and contact information will allow us to reach you when your request is processed.

Name of Requestor:		Phone Number:	
Address:		E-Mail:	
Town:	State:	Zip Code:	
If you can not identify a specific record(s), clearly e	explain the type of records you are	e seeking:	
Date or Timeframe of the record(s) being requested:			
Please identify what subject the record(s) should contain:			
Medium requested which is subject to fees in Appendix C/Code Book and 1 M.R.S.A. § 408 (3) (B):			
Paper Copy Printed Report D Mailing Labels Electronic PDF File By CD By Email			
Arrangement for Payment: Dersonal/Business Check Certified/Bank Check Money Order Cash			
If no such record exists which contains this inform			
Researcher exactly what information you hope to learn from the record(s) in order to define your request to find a record(s) that meets the exact request.			
Inspection by Appointment:	Dates & Times Availab	le:	
	_		
Signature: Date:			
* * * * * * * * * * * * * * * * * * *			
Date filed with Admin. Assist.		□ Time spent retrieving, compiling, or redacting informa-	
Copy of Request to Board of Selectmen		s over 2 hour.	
CONFIDENTIAL documents, require Board Approval	# of hours after the 2nd hour x \$15.00 per hour		
	\$ 1	0 Copy Fee per page	
Signature:			
Request forwarded to	Fees Assessed:		
on	Materials Rec'd By:	Date	
Date Notified Info. Ready	Materials Picked Up:	– Materials Picked Up:	