

TOWN OF BARRE
FREEDOM OF INFORMATION REQUEST

Date: _____ Time: _____

To: The Records Management Officer of the Town of Barre

I hereby request to view the following records:

Signature Representing

Address Do you wish copies of these records?
YES _____ NO _____

Approved _____ The above record(s) is/are available to be viewed.

Denied _____ The above record(s) is/are not accessible under Freedom of Information

Denied _____ After a search of all Departments, the above record(s) can not be found.

Number of pages to be copied: _____ Total fee (.25 per copy) _____

Received Payment of: _____ Date: _____

NOTICE: If you have been denied records, you have the right to appeal. Upon written request, you will receive a written explanation for the denial within seven days of receipt of appeal request.

I hereby appeal this denial:

Signature Date

Office Hours: Monday, Tuesday, Thursday, Friday: 10:00am – 3:30pm.
Wednesday: 4-7pm