TOWN OF KILLINGWORTH

323 Route 81 Killingworth, CT 06419

FREEDOM OF INFORMATION ACT REQUEST

Date:	
Contact Information:	Please note that if contact information is not supplied, requestor must contact the Town Clerk within 4 days.
Name: Address: Phone #: Email:	
Please describe with s we may not be able t request:	pecificity the document(s) you are requesting. If you are not sufficiently specific, to identify the document(s) you request which may delay our response to your
I want to (please check	cone):
Review Records	or Documents at Town Hall
Receive Hard Co	pies of Requested Documents
Other (please sp	ecify):
release of documents Town Clerk's Office.	ees and costs noted in the Town of Killingworth's FOI Fee Schedule prior to the to me. I understand that materials may be picked up and payment made at the understand that the fees may be waived if I, the requester, am receiving public onstrate other facts showing my inability to pay due to indigence.
Signature of Requeste	r:
0000000000	000000000000000000000000000000000000000
Department use only Date Request Received Docs. Returned to TC: # of Pages:	Date Picked-Up: Date Completed: Cost: \$