

APPENDIX A
TOWN OF YARMOUTH FREEDOM OF ACCESS INFORMATION REQUEST FORM

Date: _____

Name of Requestor: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Under the Maine Freedom of Access Act, I would like to review and/or copy all available files for the following (please be as detailed as possible):

Preferred Delivery Formal: _____

An appropriate fee for copying/research may be required. You will be provided a cost estimate prior to any work being performed.

Signed: _____

Return to:

Town Manager, Town of Yarmouth, 200 Main Street, Yarmouth, Maine 04096

For Office Use Only:

Response date: _____

Date Request completed: _____

Cost Estimate: _____

Final cost: _____

Requester Approved Cost: _____

Date request picked up or mailed: _____