

PUBLIC RECORDS REQUEST FORM

Pursuant to the Vermont Record Act, 1 V.S.A. §§ 315-320, I hereby request copies of the following public records:

a. _____

b. _____

c. _____

I am addressing this request to you in the belief that you are the custodian of such documents. If you are not the custodian, please forward my request to the proper custodian of such documents and inform me of whom that person is.

I hereby agree to pay reasonable and customary costs for these photocopies.

If the law does not allow me to have access to some of these records, please so inform me within three business days, as provided by law, and inform me of the specific exemption that applies to each record or portion of a record being withheld. If an otherwise public record has a portion that is exempt from disclosure, I request that you block out the exempt portion and release a copy of the rest of the document together with a notation of the specific exemption that applies to the portion withheld.

If some or all of my request is denied, please tell me the title and name of the person responsible for the denial and, as the law requires, please inform me of the appeal procedures available to me and the name of the person to whom an appeal may be made.

Name: _____ **Date of Request:** _____

Address: _____ **Phone Number:** _____

Received By: _____