

TOWN OF PORTER
REQUEST FOR PUBLIC RECORDS
UNDER THE FREEDOM OF INFORMATION LAW

Applicant Information: (Please Print)

Name: _____

Representing: _____

Address: _____

Phone: _____ **Fax:** _____

I hereby request the following records. (Please give an accurate description of the records requested). _____

Applicants Signature: _____ **Date:** _____

The Town of Porter will respond within five (5) business days of your request. In this acknowledgement, you will be advised that you may expect a response to your request within 20 business days. If you have not received notice of completion of your request within 20 business days, please feel free to contact us.

NOTICE: You have the right to appeal a denial of this application to the head of this agency, who must fully explain in writing within (7) days of receiving the appeal.

COPIES: (.25 cents per page)

Number of Pages: _____ Total Fee: _____ Date: _____
Payment: Check # _____ Cash: _____ Taken By: _____

ACKNOWLEDGEMENT:

I hereby acknowledge receipt of the above requested material.

Applicant Signature: _____ **Date:** _____

FOR AGENCY USE ONLY;

Approved () Denied () No record filed with this agency. ()

Record I not maintained by this agency. ()