



*Town of Ashland*  
*New Hampshire 03217*

TOWN OFFICE  
OFFICE (603) 968-4432  
FAX (603) 968-3776

**“RIGHT TO KNOW” REQUEST**

The public information identified below is requested forthwith, pursuant to New Hampshire RSA 91-A

**DOCUMENTS REQUESTED BY (PLEASE PRINT):**

Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of Person making the request: \_\_\_\_\_ Date: \_\_\_\_\_

If requested document(s) are not immediately available, I would like them:

Faxed to me at: \_\_\_\_\_

E-Mailed to me at: \_\_\_\_\_

Hold for me to pick up, call me at: \_\_\_\_\_

Description of documents requested:

I hereby attest that I have received a copy of this public information request on behalf of the person named above at \_\_\_\_\_ AM or PM on \_\_\_\_\_.  
(circle one) (month, day & year)

Person accepting request: \_\_\_\_\_

- The information is available and the cost to reproduce is \$1.00 per page
- The requested information is not available for the following reason: \_\_\_\_\_
- The information may not be available immediately. We will notify you of our results.

Name of person responding to request (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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