"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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