

**Town of Craftsbury
Public Records Request Form**

1. Requestor Information

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

2. Records Requested

Please describe the records you wish to inspect or copy. Include as much detail as possible (subject, date range, department, record type, etc.):

3. Request Type

Inspection only (I wish to view the records at Town offices)

Copies requested (fees may apply)

Transmission requested (fees may apply)

Electronic Transmission (email or other digital format)

First Class Mail

Preferred format (if requesting copies):

Paper Electronic (PDF, Excel, etc.)

4. Purpose of Request (Providing a reason for your request is not required, but may help the Town identify responsive records.)

5. Estimated Costs and Authorization

The Town may charge for staff time exceeding 30 minutes, and for copies or digital media per 1 V.S.A. § 316(e) and the Town's Fee Schedule. An estimate of costs will be provided upon request before the records are produced. Payment must be received prior to delivery or transmission of copies.

- I request an estimate of fees before processing.
- I agree to pay any applicable fees. (Signature required below)

Requestor Signature: _____

Date: _____

Office Use Only

Date Request Received: _____

Received by: _____

Method of Receipt: In person Email Mail Other

Record Located? Yes No Partially

If denied, statutory basis (1 V.S.A. § 317(c)):

Date of Response:

Extension Required? Yes No (New Due Date: _____)

Appeal Information Provided: Yes No

Fees Charged: \$ _____

Payment Received: Yes No N/A

Date Records Provided or Made Available:

Staff Initials: