

# TOWN OF ROSEPINE

## ***REQUEST FOR VIEWING OR COPYING PUBLIC DOCUMENTS***

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

Time: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ would like to request to view or have copies made of the following Public Records.

Please Check One

\_\_\_\_\_ View    \_\_\_\_\_ Copies

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I am aware that there is a fee to receive copies of public records and the Town Clerk will contact you with a cost before the copies are made.

(X) \_\_\_\_\_

**YOU MUST ALLOW THE TOWN CLERK A MINIMUM OF THREE WORKING DAYS FOR MAKING COPIES AND FOR SCHEDULING A TIME AND DATE FOR VIEWING PUBLIC DOCUMENTS.**

(Town Use Only)

Received by (town employee): \_\_\_\_\_

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

Time: \_\_\_\_\_