



PUBLIC RECORDS REQUEST



Date submitted: _____

Name of requestor (optional): _____

Contact information (optional, but helpful if town has questions or requested info isn't retrieved in person):

Phone: _____

E-mail: _____

Mailing address: _____

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Requested information: _____

Further description, dates, or details to help complete request and/or isolate the record(s) sought:

Requested disclosure format (hard copy, email, etc.): _____

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INTERNAL USE ONLY

Date request received: _____

Date request provided to requestor: _____

Fees assessed: \$ _____ Fees collected: \$ _____ cash check other

Signature of staff member releasing record(s): _____

Note: Public records requests are processed per the Town's related policy (POL-2018-001) and the Clerk is the primary contact for questions: 336-643-8655 (Summerfield Town Hall).