

Town of Andover

RECORD REQUEST FORM

Date Requested:

Request Submitted via:

U.S. Mail

Fax

In-Person

Name of Requestor:

Address (Required):

Telephone:

Email:

☐ This request is being made pursuant to RSA 91-A, the New Hampshire Right-to-Know law.

Records Requested:

**Provide as much specific detail as possible so this office can identify the information.*

Do you want hard copies of the records?

Yes

No

Do you want to inspect the records?

Yes

No

Do you want certified copies of the records?

Yes

No

Received By:

Date Received by Town:

Town Five (5)-Day Response Due:

I have viewed the records I requested, or have received the copies of the records.

Signed _____

Date _____