



TOWN OF BARTONVILLE PUBLIC INFORMATION REQUEST FORM

Name of Requester: _____

Address and Telephone: _____

(Place where requester may be reached if records are not immediately available)

Name of Firm or Company
Represented (If Applicable): _____

Date and Time of Request: (M/D/Y)_____/_____/_____, _____ a.m. _____ p.m.

Description of Public Records(s) Requested:

Signature of Person Requesting Records

PUBLIC INFORMATION AVAILABILITY

The records you have requested are: () Immediately Available; () In Use; () In Storage and are immediately unavailable for inspection; () Not Considered a Public Record; () Available, however, there is a time constraint on staff that does not allow immediate retrieval and copying of records; or () Other:_____.

The Public Records will be made available for your inspection on:

Date: (m/d/y)_____/_____/_____, _____ a.m. _____ p.m.

Custodian of Records or Designee: _____

Action Taken by Staff: _____

Records inspected and/or Copies received: (m/d/y)_____/_____/_____, _____ a.m. _____ p.m.

Signature of Person Requesting Records