

1333 State Road Eliot, ME 03903 ~ Phone (207) 439-1813 Fax (207)

Freedom of Access Act Record Request

RECORD REQUEST INFORMATION

Descript	ion of Record(s)	Date Range of Record	Format of Record Paper or Electronic (if available)
Requestor's Information:			
Name:			_
Mailing Address:			_
Email:	Phone #:		_
Date Submitted:			
Office Use Only			•••••
☐ Request Granted	☐ Request Denied (written de	enial attached)	
Date:	Name:		