



TOWN OF BEACON FALLS

FREEDOM OF INFORMATION ACT REQUEST

Use this form to request public information. You may drop this form off at the Town Clerk's Office and we will forward your request to the appropriate department or town official.

**All requests for copies are subject to .50 per page charge.
Land Record copies are \$1.00 per page.**

Or mail your form to:

Town Clerk
10 Maple Avenue
Beacon Falls, CT 06403

Please see next page for form

(Attachment A)

FREEDOM OF INFORMATION ACT REQUEST

Date requested: _____

Name (optional): _____

Address (optional): _____
Street City State Zip

Phone number (optional): _____

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

This can take up to four (4) business days to complete, or such later date as may be extended by law. You may pick up the report on _____ after review and approval is complete.

You will be charged the allowable fees and costs under F.O.I.A. or you need to show documentation showing that you, the requester, are receiving public assistance or other facts showing inability to pay due to indigence. You agree to pay such fees and cost prior to the release of the documents if such fee is estimated to be ten dollars or more.



Department use only

Date request received: _____ Date picked up: _____

No. of pages: _____ Cost: _____