

TOWN OF VERNON

OPEN RECORDS REQUEST APPLICATION

1. NAME: _____
 2. ADDRESS: _____
 3. PHONE #: _____
 4. PURPOSE OF REQUEST: _____
 5. DESCRIPTION OF RECORDS TO BE VIEWED and/or COPIED. **Please be as descriptive as possible.**
Vague and unclear requests will be denied. _____
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CLERK OR DEPUTY CLERK COMPLETE THIS SECTION

Department Receiving Request

Date Received

Action Taken on Request:

Approved

Approved and Denied in Part

Denied

Please attach a copy of any statement denying access to, a copy of, or information contained in any public record covered by this request.

Date Completed

\$ _____
Fee Paid

Signature & Title of Custodian/Legal Custodian Acting on Request

*Please Note: Under State law a request for access to a public record "is deemed sufficient if it reasonably describes the requested record or the information requested. However, a request for a record without a reasonable limitation as to subject matter or length of time represented by the record does not constitute a sufficient request." SS 19.35 (1) (h)

**Please Note: A request for access to a public record may not be refused "because the person making the request is unwilling to be identified or to state the purpose of the request." SS 19.35 (1) (i). You are being asked to provide the information called for on a voluntary basis and to better serve your request. Thank you.