



Town of Thomaston
 Selectman's Office
 158 Main Street
 P.O. Box 136
 Thomaston, Connecticut 06787
 Phone: 860-283-4421 Fax: 860-283-1378

FREEDOM OF INFORMATION REQUEST

Date: _____
 Name (optional): _____
 Address (optional): _____

 Phone # (optional): _____
 Email (optional): _____

Please describe with specificity the document(s) you are requisition. 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:

I want to (please check one):

- Review Records at Town Hall (vault in Town Clerk's Office or Selectman's Conference Room)
- Receive Hard Copies of Requested Documents
- Other (please specify): _____

I agree to pay such fees and costs noted in the Town of Thomaston FOI Fee Schedule prior to the release of documents to me. I understand that materials may be picked up and payment made at the First Selectman's Office. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence.

Sign of Requester: _____ Date: _____

Department use only:

Date Request Received:	_____	Date Picked-Up:	_____
Docs. Returned to TC:	_____	Date Completed:	_____
# of Pages:	_____	Cost:	\$ _____
Notes:	_____		