TOWN OF LISBON

REQUEST FOR PUBLIC RECORDS FORM

*** Please Print Clearly in Black Ink Only**

Name of Requestor:		Phone Number:
Address:		E-Mail:
Town:	State:	Zip Code:

If you can not identify a specific record(s), clearly explain the type of records you are seeking:

Date or Timeframe of the record(s) being requested:

Please identify what subject the record(s) should contain:

Medium requested which is subject to fees in 1 M.R.S.A. § 408-A (8):

☐ Paper Copy ☐ Printed Report ☐ Mailing Labels ☐ Electronic PDF File (If one exists) ☐ By USB ☐ By Email (Zip File)

Arrangement for Payment: ☐Personal/Business Check ☐ Certified/Bank Check ☐ Money Order ☐ Cash

If no such record exists containing this information, you may want to refine your request or explain to the Researcher exactly what information you hope to learn from the record(s) in order to define your request to find a record(s) that meets the exact request.

Inspection by Appointment: ☐ Yes ☐ No

Dates & Times Available:

*** NOTE: You should be notified within 5 working days if your request or any part of your request will be denied.**

Signature: ______________________________ Date: ______________________

* *

FOR OFFICE USE ONLY

☐ Date filed with Town Clerk ______________________

☐ Copy of Request to Town Manager

☐ CONFIDENTIAL documents, require T.M. Approval

Signature:______________________________

☐ Request forwarded to ______________________

on ______________________

☐ Date Notified Info. Ready ______________________

☐ Time spent retrieving, compiling, or redacting information for request was over 1 hour.
\# of hours after first 2 hours ______ x $25.00 per hour

$0.10 per Copy

Fees Assessed: ______________________

Materials Rec'd By: ______________________

Date Materials Picked Up: ______________________

Revised July, 2024