

**Town of Limerick Freedom of Access Act
Requests:**

The Town of Limerick asks individuals to submit requests in writing in order to maintain a record of when the request was received and what records were specifically requested.

Request:

Date of request: _____

Name of Individual making the request: _____

Contact Phone number: _____

Contact physical address if records are to be mailed:

Clear definition of record(s) requested:

Signature of Individual making request: _____

For office use:

Date request received: _____

Signature of Individual who received the request: _____

Time and Expense Estimate if appropriate: _____

Signature of Individual who completed the request and date request completed:
