

Town of Acton

Request for Information

Please complete this form and be as specific as possible in your request for information or documents.

Requested By: _____

Tel: _____

Date Requested: / / _____

Email: _____

Information is Needed By: / / _____

Specific Description of Information Needed:

To Be Completed by Board of Selectmen

Information Given To:

Selectman's Signature: _____

Signature: _____

Date Approved: / / _____

Date Received: / / _____

Assigned to: _____

Date Assigned : / / _____

Amount Owed: _____

Date Staff Completed: _____

No Fee, Why? _____

No Fee-BOS Initials: _____