

# 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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:** \_\_\_\_\_