



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

**Date Requested:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Information needed By:** \_\_\_\_\_

### Specific Description of Information Needed:

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### **INTERNAL USE ONLY**

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All requests should be delivered to the Freedom of Access Information Officer as soon as received.

### **To Be Completed by Freedom of Information Officer**

**Date Received:** \_\_\_\_\_ **Information Given To:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Assigned To:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Date Assigned:** \_\_\_\_\_

**Date Staff Completed:** \_\_\_\_\_ **Amount Owed:** \_\_\_\_\_

**No Fee, Why?** \_\_\_\_\_

**No Fee – Approval Initials:** \_\_\_\_\_