

FOAA Request Application

Town of Medford, Maine

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Request Information

Under the Maine Freedom of Access Act, I would like to review and/or copy all available files for the following (please be as detailed as possible):

Preferred Delivery Format: MAIL E-MAIL PICK-UP

Disclaimer and Signature

This request has been received and will be processed as soon as reasonably possible. The applicant will be informed of the estimated time of delivery within 5 business days.

Applicant Signature: _____ Date: _____

Town Employee Signature: _____ Date: _____

Make Two Copies: One Copy to Public Access Officer, One Copy to Applicant, Original in Clerk's File