



FREEDOM OF INFORMATION ACT REQUEST FORM

This form may be used as your written request.

The Town Clerk's office will forward your request to the Town Attorney's office.

Please use separate request forms for each Town department or Town official.

**All requests for copies are subject to .50 per page charge.
Land Record copies are \$1.00 per page.**

Please fill out this form completely as your FOI request. Please mail your form to:

Town Clerk
2725 Main Street
Stratford, CT 06615

Date:	
Name:	
Address:	
Phone #:	

I am requesting information from the following Town department or Town official:

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I am requesting the following information:

For Office Use Only

Received by Town Attorney's Office: _____ Date: _____
Name