

TOWN OF WALLINGFORD

Town of Wallingford, Vermont Request for Inspection or Copying of Public Record(s)

Date_____

Dear Custodian: Pursuant to the Vermont Public Record Act, 1 V.S.A. §§ 315-320, I hereby request to inspect the following public record(s):

a. ₋	
b	
c	

(If applicable) I hereby request a copy of the above record(s) in the following format: ____

_____. I agree to pay reasonable and

customary costs for these copies. Please refer to Wallingford's Request for Public Records Policy for more details on paper and electronic copies as well as applicable fees.

(Complete this section if you have a disability requiring an accommodation): I request the following accommodation(s) in order to access the public record(s) I seek:

If you have questions about this request, please call me at ______.

Address:

Email:

Thank you for your help.

Signature

Printed Name

The Custodian for the Office of Town Clerk/Treasurer shall retain the original of this form for record keeping purposes and provide the requestor with its copy.

Do not write below this line.

Town Clerk/Treasurer received this request on _____(date).

Submit Wallingford Record Request Form to: Town Clerk/Treasurer at 75 School St, Wallingford, VT 05773.