

TOWN OF TEMPLE, NEW HAMPSHIRE

OFFICE OF THE SELECT BOARD

P.O. Box 191, Temple, NH. 03084
Phone: 603-878-2536 FAX: 603-878-5067

To: The Select Board

REQUEST FOR INFORMATION PURSUANT TO 91-A

Please provide me with the following information in accordance with NH RSA 91-A,
"The Right to Know Law."

1. Copies of the minutes of the meeting of the _____.
Held on the _____ day of _____, _____.
2. Copies of the following record or documents: (must be specific):
 - a. _____

 - b. _____

 - c. _____

 - d. _____

I agree to pay \$1.00 per page, if said documents are reproduced in the Town of Temple offices, or the actual cost of reproducing the documents requested. I understand that pursuant to RSA 91-A:4 (IV) the Town of Temple shall, within 5 business days of my request make such record available, deny my request in writing with reasons, or furnish written acknowledgement of receipt of my request and a statement of the time reasonably necessary to determine whether my request will be granted or denied. I agree that if the Town of Temple does not have the facilities to reproduce the requested documents in house the Town of Temple will inform me as to when the Town of Temple will be able to have the documents reproduced. I agree that if the documents must be reproduced outside of the Town of Temple offices, I will pay the actual cost of reproduction, including the Town of Temple employee's hourly rate while out of the Town offices to reproduce said documents and mileage at the IRS reimbursement rate in effect at that time. Said costs being the actual cost of reproduction incurred by the Town of Temple. Official business hours are Monday, Tuesday, Thursday & Friday 9-3pm. These office hours give the public 24 hours per week to review, request and/or obtain documents.

Date of Request

Time of Request

Signature
Name:
