



CONSIDER THIS DOCUMENT YOUR WRITTEN
ACKNOWLEDGEMENT RECEIPT FOR YOUR
REQUEST FOR RECORDS

DATE OF REQUEST ___/___/___

TOWN OF THOMPSON
FREEDOM OF INFORMATION REQUEST
RECORDS/DOCUMENTS REQUESTED

PETITIONER

NAME _____

ADDRESS _____

PHONE _____

SIGNATURE _____

In accordance with the provisions of the Freedom of Information Law, I hereby request to review or obtain copies of the following records or documents. I understand that there maybe a charge for this information.

ACKNOWLEDGEMENT

☐ **ACCESS DENIED (REASON)** _____

☐ **RECORDS/DOCUMENTS MADE AVAILABLE OR VIEWED**

☐ **DUE TO LIMITED STAFF AND INCREASED WORKLOAD**
RECORDS/DOCUMENTS WILL BE AVAILABLE ___/___/___

REQUESTED INFORMATION ELECTRONICALLY STORED AND
MAY BE VIEWED@ _____

Department Head

SIGNATURE _____ **Date** ___/___/___

Freedom of Information

Officer SIGNATURE _____ **Date** ___/___/___

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