TOWN OF JACKSON

RSA 91-A "RIGHT TO KNOW"REQUEST

The public information identified below is requested forthwith, pursuant to New Hampshire RSA 91-A.

DATE: _____

NAME OF PERSON MAKING REQUEST: (Please Print) _____

CONTACT INFORMATION: _____

SIGNATURE OF PERSON MAKING REQUEST: _____

○ I wish only to inspect at this time

INFORMATION REQUESTED:

Printed Copies are $.50 per 8 ½ x 11

FOR TOWN USE ONLY:

○ Documents are available for inspection.

○ Documents include information that has to be redacted. We will schedule an appointment for you to review. Appointment – Date: _____ / Time: _____

○ A response will be provided within 5 business days – Due Date _____

Request Accepted By: _____ Date: _____