NEW LONDON TOWNSHIP
REQUEST FOR ACCESS TO PUBLIC RECORDS

DATE REQUESTED:_____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR:_____

MAILING ADDRESS:_____

_____

_____

_____

PHONE NUMBER: _____

Identify or describe the records with as much specific detail as possible to enable the Township to ascertain which records are being sought:

_____

_____

_____

_____

_____

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF THE RECORDS? YES or NO

ACKNOWLEDGEMENT OF TOWNSHIP

On behalf of New London Township _____ hereby acknowledges receipt of the request for access to public records on _____ day of _____, 20___.

_____
Township Representative