

**FORM 1**

**“RIGHT TO KNOW” REQUEST**

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

**DATE OF REQUEST:**

**INFORMATION REQUESTED FROM:** Town of Albany

Fax:(603)452-5633

1972-A NH Route 16

e-mail: contact@albanynh.org

Albany, NH 03818

**REQUESTED BY**

\_\_\_\_\_

Name, address, phone number and e-mail address

**SIGNATURE OF PERSON MAKING REQUEST:**

X \_\_\_\_\_ DATE: \_\_\_\_\_

**PUBLIC INFORMATION REQUESTED:**

**I request the following information:**

\_\_\_\_\_

I WISH TO ONLY REVIEW THIS INFORMATION AT THIS TIME BUT RESERVE THE RIGHT TO HAVE COPIES MADE AT THE PUBLISHED RATE PER PAGE.

I REQUEST COPIES OF THE INFORMATION REQUESTED - COST TO REPRODUCE INFORMATION REQUESTED PER COPY: \_\_\_\_\_

EMAIL A PDF COPY OF INFORMATION REQUESTED TO MY EMAIL ADDRESS LISTED ABOVE IF AVAILABLE IN ELECTRONIC FORMAT.

IF THE REQUESTED INFORMATION IS NOT IMMEDIATELY AVAILABLE, I WOULD LIKE TO BE NOTIFIED AT WHICH TIME IT WILL BE AVAILABLE VIA PHONE OR EMAIL.

IF THE REQUESTED INFORMATION IS NOT AVAILABLE, I WOULD LIKE A WRITTEN EXPLANATION AS TO THE EXACT REASON.

**NAME & SIGNATURE OF PERSON ACCEPTING REQUEST:** \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

**NAME & SIGNATURE OF PERSON RESPONDING TO REQUEST:** \_\_\_\_\_

**RESPONSE**

X \_\_\_\_\_ DATE: \_\_\_\_\_

