



DOCUMENT REQUEST FORM

I, _____, hereby request the Town of Avon make the following records available for inspection and copying:

1. _____
2. _____
3. _____
4. _____

Please provide contact information:

PRINTED NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

Signature

Date

Town use only

Date received: _____ *In person* *Fax* *Mail* *Email*

Date responded: _____