Town of Little Suamico
Open Record Request

Date Received: _____

All copies will be ready for pickup within 10 business days once the request is complete.
The form must be complete. If not, the request may be denied.

Date of request: _____

Request made by:

Name (Print):_____

Address:_____

_____

Phone:_____

Contact information: Please complete

Please indicate how you would like to be contacted when the requested item(s) are complete.

_____Email Address:_____

_____Mail (Address listed above)

_____By Phone (Phone listed above)

Office Use Only-Date Contacted

Signature: _____

I am requesting the following items: (Please be specific as you will receive only what you have asked for)