Town of Little Suamico
Records Request-Checks

Date Requested: _____

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 items are ready for pick up.

_____Email Address:_____

_____Mail (Address listed above)

Signature: _____

Please mark the appropriate box(es)
Include the following copies:
_____ Supporting Documentation only
_____ Check stub(s) only
_____ Check stub(s) and Supporting Documentation

Office Use Only-Date Contacted

Please complete the below information.

Month	Ck #	$	Payable to