

**TOWN OF BUCKFIELD
INFORMATION REQUEST**

Date Received:		Received By:	
Received Via:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> In-person
	<input type="checkbox"/> Mail (USPS)	<input type="checkbox"/> Courier Delivery Service	
Date response needed by:			
FOIA? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Nature of Request:

Contact Information for Response:	
Name (s):	
Phone:	
Email:	
Address:	
Preferred response format?	

Action Taken:

Action Taken:	
Request Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by:
Notes:	