



TOWN OF ASHLAND  
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OFFICE OF TOWN CLERK

### "RIGHT TO KNOW" REQUEST

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

#### DOCUMENTS REQUESTED BY [PLEASE PRINT]:

Name \_\_\_\_\_

Street/PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If requested document(s) are not immediately available, I would like them:

Faxed to me at: \_\_\_\_\_

Emailed to me at: \_\_\_\_\_

Hold for me to pick up, call me at \_\_\_\_\_

Description of documents requested: \_\_\_\_\_

I hereby attest that I have received a copy of this public information request on behalf of the person named above at \_\_\_\_\_ AM or PM on the \_\_\_\_\_ day of \_\_\_\_\_

Person accepting request: \_\_\_\_\_

- ☐ The information is available and the cost to reproduce is \$1.00 per page  
☐ The requested information is not available for the following reason \_\_\_\_\_  
☐ The information may not be available immediately. We will notify you of our results.

Name of person responding to request [Print] \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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