

**Town of Durham**

30 Townhouse Road, P. O. Box 428  
Durham, CT 06422  
(860) 349-3453

**Freedom of Information Request**

Mail or email completed request form to:  
Kim Garvis, Town Clerk, [kgarvis@townofdurhamct.org](mailto:kgarvis@townofdurhamct.org)  
Town of Durham website: [www.townofdurhamct.org](http://www.townofdurhamct.org)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific our response to your request may be delayed:

Please check one (or more):

\_\_\_\_\_ I want to review the records at Town Hall.

\_\_\_\_\_ I want \_\_\_\_\_ paper copy(ies) of the records.

\_\_\_\_\_ I want the records emailed to me at: \_\_\_\_\_

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to pay such fees and costs noted in the Town of Durham FOI Fee Schedule prior to the release of documents to me. I understand that materials may be picked up and payment made at the Town Clerk's Office. I understand that the fees may be waived if I, the requester, am receiving public assistance or can demonstrate other facts showing my inability to pay due to indigence.

Signature of Requester: \_\_\_\_\_

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***Department use only:***

Date Request Received: \_\_\_\_\_ Date Picked-Up: \_\_\_\_\_

Documents Returned to Town Clerk (if applicable): \_\_\_\_\_ Date Completed: \_\_\_\_\_

# of Pages: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Other Format: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Notes: