

**TOWN OF ELBA**  
**REQUEST TO EXAMINE OFFICIAL RECORDS**

Date of Request \_\_\_\_\_  
Person Making Request \_\_\_\_\_  
On Behalf of (Firm or Organization) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Description of item(s) requested for  
examination (PLEASE BE SPECIFIC):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo Copy Requested (\$.25 per page)      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Signature

**For Town Use Only**

**APPROVED**

Date \_\_\_\_\_      Time \_\_\_\_\_

Photocopies: Number \_\_\_\_\_      Charge \_\_\_\_\_

**DENIED**

If no, reason for denial:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Records Access Officer

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**PUBLIC RECORDS AND PHOTOGRAPHIC COPIES WILL BE PROVIDED AT  
TOWN CONVENIENCE WITHIN THE GUIDELINES OF THE FREEDOM OF  
INFORMATION ACT.**