

Town of Mendon, Vermont  
Request for Inspection or Copying of Public Record(s)

Date\_\_\_\_\_

Dear Custodian:

Pursuant to the Vermont Public Record Act, 1 V.S.A. §§ 315-320, I hereby request to inspect the following public record(s):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

I agree to pay reasonable and customary costs for these copies.

(See Town of Mendon Public Records Fee Schedule)

(Complete this section if you have a disability requiring an accommodation):

I request the following accommodation(s) in order to access the public record(s) I seek:

\_\_\_\_\_

\_\_\_\_\_

If you have questions about this request, please call me at \_\_\_\_\_.

Thank you for your help.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

The Custodian for the Office of Selectboard shall retain the original of this form for record keeping purposes and provide the requestor with its copy.