



Town of Carthage

Public Information Request

Date of Request: _____

Name of Requestor: _____

Contact Number: _____

Address: _____

Email: _____

Information Requested:

Meeting Minutes _____
Specify Meeting/Date

Meeting Recording _____
Specify Meeting/Date

Meeting Agenda/Packet Information _____
(Please specify exact records requested)

Development Planning Information _____
(Please specify exact records requested)

Other (Please specify/describe the information needed): _____

Signature of Requestor

FOR OFFICE USE ONLY

Date Information Was Provided: _____

Method of Delivery: Email Mail Verbal

Description of Information Provided: _____

Town of Carthage Representative