

**APPENDIX A
TOWN OF SANGERVILLE
FREEDOM OF ACCESS ACT REQUEST FORM**

DATE:
NAME OF REQUESTER:
MAILING ADDRESS:
CITY/STATE/ZIPCODE:
PHONE:
EMAIL:

Pursuant to 1 M.R.S.A. §400-414 and the Freedom of Access Act, I would like to request a time to inspect and/or copy the following public records:

Preferred Delivery Format:

The Town of Sangerville may charge fees for public records in accordance with 1 M.R.S.A. §408-A, sub-§8, ¶B, including but not limited to:

1. The cost of copying.
2. The actual cost of searching for, retrieving, and compiling the requested public record (not more than \$25.00 per hour after the second hour of staff time per request).
Compiling the public record includes reviewing and redacting confidential information.
3. The cost of converting a public record into a form susceptible to visual or aural comprehension or into a usable format.
4. The actual mailing costs to mail a copy of a record.

Signature of Requester:

RETURN TO: Town Manager, Town of Sangerville
 One Town Hall Avenue, P.O. Box 188, Sangerville, Maine, 04479
 tmsangerville@myfairpoint.net

FOR OFFICE USE ONLY:	
Date Acknowledged:	Date Completed:
Cost Estimate:	Final Cost:

Revised 11/12/2021