



TOWN OF STOKESDALE PUBLIC RECORDS REQUEST FORM

Name of Requestor: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Date Requested: _____

Requestor Signature: _____

***Requested Information:** _____
(Description, title, and
date of record if known) _____

Date Records Received: _____

Requestor Signature: _____

Charges Collected: _____

Town Staff Signature: _____

Please Note: Public record laws provide for the inspection and examination of public records. However, the law does not provide for the creation of records if no such records exist.

PAPER COPIES (8 1/2 X 10 & 11 X 14) = \$0.25 PER PAGE
AUDIO/INFORMATION ON USB DRIVE = \$5.00 PER USB DRIVE