



MUNICIPALITY OF BROCKTON
REQUEST FOR ACCESS TO MUNICIPAL RECORDS

Date of Request: _____

Name of Requesting
Individual or Organization: _____

Description of Information Requested:

(Please note that requestors may be charged for staff time if the search for records exceeds 15 minutes and the rate will be \$25.00 per hour or part thereof)

Are copies required: Yes _____ No _____
(Please note that copying fees are \$0.50 per page)

Signature of Person Requesting Municipal Records: _____

Documentation release date: _____

Signature for receipt of requested documentation:

Date: _____ Signature: _____

Name: _____

please print

OFFICE USE

Access to records granted? Yes _____ No _____

Copies of records made: Yes _____ No _____

____ pages @ \$.50/page = \$ _____

Staff time incurred to
search for records: Yes _____ No _____

____ hours of staff time @\$25.00/hour = \$ _____

Approved for Release By: _____ Date: _____