

TOWN OF WILSON
REQUEST TO VIEW PUBLIC RECORDS
UNDER FREEDOM OF INFORMATION LAW (FOIL)

TO: Records Access Officer of the Town of Wilson

I hereby request to view the following records:

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Representing</p>	<hr/> <p style="text-align: center;">Time</p>
<hr/> <p style="text-align: center;">Mailing Address</p>	<p>Do you want copies of any of the above?</p> <p>Yes _____ No _____</p>

FOR AGENCY USE ONLY

Approved Record of which this agency is legal custodian cannot be found

Denied Record is not maintained by this agency

Number of Pages to be copied: _____ Total Fee @ \$.25 a page _____

Received payment of: _____

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Title</p>	<hr/> <p style="text-align: center;">Date</p>
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NOTICE: You have the right to appeal a denial of this application to the head of this agency, who must fully explain in writing seven days in receipt of an appeal.

<hr/> <p style="text-align: center;">Name</p>	<hr/> <p style="text-align: center;">Business Address</p>
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I hereby appeal:

<hr/> <p style="text-align: center;">Signature</p>	<hr/> <p style="text-align: center;">Date</p>
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Available Monday thru Friday 9:00 a.m - Noon and 1:00 p.m - 4:00 p.m.