



Town of Paris

33 Market Square, South Paris, ME 04281
207-743-2501/207-743-6718
www.parismaine.org

Municipal Officers
Town Manager
Town Clerk
Bookkeeper
Deputy Clerks
Code Enforcement
Officer
Assessor
General Assistance

REQUEST FOR PUBLIC RECORD

This form has been created to track requests for information which require staff research. It is not intended to dissuade any individuals from making a request. In accordance with 1 MRSA § 408 the Town shall either provide the information requested or a written response outlining why the information is not available within 5 days from the receipt of this request. Requests received when the Town Offices are closed will be considered received at 8 am on the next business day. Information which is available in the Clerk's office is available for viewing during regular business hours. Copies requested will be made in accordance with the posted rate schedule. Research performed by Town employees will be charged at \$15/hr after the first hour which shall be free. The Town will make every effort to produce the documents immediately, however, the staff member in possession of the documents is allowed to schedule a time for review so as not to disrupt their regularly scheduled workload. This form is not required for routine requests for information offered during the regular course of business, i.e., property tax cards, tax maps, town maps & vital records.

Note: All Town of Paris FOAA requests should be directed to Elizabeth J. Knox FOAA Officer at 743-2501.

NAME: _____ DATE OF REQUEST: _____

ADDRESS: _____ PHONE #: _____

- I would like to look at the following public records
- I would like copies of the following files and will pay the appropriate copying fees

I AM REQUESTING RECORDS FROM THE FOLLOWING DEPARTMENT(S):

- Assessing Clerk CEO-LPI Planning Board Town Manager
- Select Board Police Department Fire Department Highway Department
- Other _____

I WOULD LIKE THE FOLLOWING FILES ON:

Date(s) of files requested: _____

Names and or Map/Lot on files: _____

Or subject matter: _____

On _____ Day of _____, _____.

Signature of person requesting information

For Office Use Only:

Request received : Staff Member: _____

Date: _____ Time: _____

Request completed: Staff Member _____

Fee _____ Cash Ck# _____ MO

If no fee, why? _____

Authorized by: _____

Time Spent Researching:

<u>Date/Hrs</u>	<u>Date/Hrs</u>	<u>Date/Hrs</u>	Total Time: _____
_____	_____	_____	Note additional Date/Hrs
_____	_____	_____	on back of form (if needed)