



# TOWN OF BOW

## Office of the Town Manager

10 Grandview Road, Bow, New Hampshire 03304  
Phone (603) 228-1187 | Fax (603) 224-6680 | Website [www.bownh.gov](http://www.bownh.gov)

# **“RIGHT TO KNOW” REQUEST FORM**

## **Per Bow Chapter 146**

Photocopying: \$0.25 per page 8-1/2x11; \$0.50 per page 8-1/2x14; \$1.00 per page 11x17

Description of Document(s) Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Requesting (print): \_\_\_\_\_ Date: \_\_\_\_\_

If the document is not readily available, how would the Requestor like to receive the information?

- Fax it to this fax number \_\_\_\_\_
  - Email to this e-address \_\_\_\_\_
  - Mail it to this postal address \_\_\_\_\_
  - Call this number when the document is ready to be picked up \_\_\_\_\_
  - Other \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY TOWN OFFICIAL**

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Name of person receiving request (Print)

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**Signature**

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Date

## RESPONSE

Date the information was provided: \_\_\_\_\_ Format: \_\_\_\_\_

Charge \$: \_\_\_\_\_ Note: \_\_\_\_\_

Check here if information requested is not available. Reason: \_\_\_\_\_ (attach explanation if necessary)

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**Name of person responding (Print)**

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**Signature**

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Date