



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

“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: _____

THIS SECTION TO BE COMPLETED BY TOWN OFFICIAL

Name of person receiving request (Print) Signature Date

RESPONSE

Date the information was provided: _____ Format: _____

Charge \$: _____ Note: _____

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

Name of person responding (Print) Signature Date