



Town of Stratford
1956 US Rte 3, PO Box 366
Stratford, NH 03590
RECORD REQUEST FORM

Date Requested: _____

Request Submitted via: U.S. Mail Fax In-Person

Name of Requestor: _____

Address (Required): _____

Telephone: _____

Email: _____

*** Town will not email an RTK request**

☐ Proof of ID provided; circle one: License, passport, other photo ID with address required.

☐ This request is being made pursuant to RSA 91-A, the New Hampshire Right-to-Know law.

Records Requested:

**Provide as much specific detail as possible so this office can identify the information.*

Do you want hard copies of the records? Yes No

Do you want to inspect the records? Yes No

Do you want certified copies of the records? Yes No

Received By: _____

Date Received by Town: _____

Town Five (5)-Day Response Due: _____

I have viewed the records I requested, or have received the copies of the records.

Signed _____ Date _____