



Town of Stratford

Board of Selectmen
1956 US Rt. 3, PO BOX 366
Stratford, NH 03590-0366

TEL: (603) 922-5533, office
FAX: (603) 922-3317, office
town@stratfordnh.gov

RECORD REQUEST FORM

Date Requested: _____

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

Name of Requestor: _____

Address (Required): _____

Telephone: _____

Email: _____

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

Proof of ID provided; 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: _____

Applicable Fees: copies black/white \$0.50 per page Color \$1.00 per page USB \$20.00

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

Signed _____

Date _____