



**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.*

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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 \_\_\_\_\_