



Public Records Request Form

All information on this form is required including a signature of the person submitting the request. Once complete, return this request to the City of Winooski to be directed to the Public Records Agent for processing. Failure to complete this information may result in a delay or denial of the requested records.

Requestor's Information

Name _____ Address _____

Phone Number _____ Email _____

Documents Requested (add additional pages if necessary)

This request is for (please check one): Inspection Transmission
Preferred format for transmissions (please check one): Electronic Hard Copy

Description of Document(s)

Date(s) of Document(s) _____

I understand that, based on the public records requested, additional time may be required to produce these public records. I agree to pay any fees associated with the copying or reproduction of the documents requested as outlined in Chapter 28 of the City of Winooski Municipal Code or outlined in the uniform schedule of charges established by the Secretary of State if transmission of documents is requested. I further acknowledge that failure to pay for the documents in full will result in a delay or denial of the requested public records being transmitted.

Signature _____ Date _____

For Official Use Only

Received by _____

Forwarded to _____

Date due to requester _____

Date Stamp