



# Town of Carthage

## Public Information Request

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Information Requested:

☐ Meeting Minutes \_\_\_\_\_  
Specify Meeting/Date

☐ Meeting Recording \_\_\_\_\_  
Specify Meeting/Date

☐ Meeting Agenda/Package Information \_\_\_\_\_  
(Please specify exact records requested)

☐ Development Planning Information \_\_\_\_\_  
(Please specify exact records requested)

☐ Other (Please specify/describe the information needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

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### FOR OFFICE USE ONLY

Date Information Was Provided: \_\_\_\_\_

Method of Delivery: ☐ Email ☐ Mail ☐ Verbal

Description of Information Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Town of Carthage Representative