



Town of Stow REQUEST FOR INFORMATION

OFFICE OF THE TOWN CLERK

For Office Use:
Amount due: _____
Pick up date: _____
<input type="checkbox"/> Call when Ready (date called) _____
<input type="checkbox"/> Mail -(payment rec'd date) _____

Request Date: _____

Name: _____ Tel. Number: _____

Cell Number: _____

Mailing Address: _____

Vital Records
Birth _____ Death _____ Marriage _____
\$10.00 per copy

Name: _____ Date of Event: _____

Name: _____ Date of Event: _____

Name: _____ Date of Event: _____

Information Copies

Five cents (\$0.05) per photocopied page.
Search fee based on the salary of staff performing the search. (\$25.00/hr.)

Information requested: _____

Number of pages: _____ Estimated Time to Search & Copy Information: _____

Approximate Cost: _____ (actual cost will depend on actual search/preparation time.)

_____ Contact me if the Actual Cost will exceed the Approximate Cost by more than \$ _____

Date to Pick-Up: _____

I have requested the above information. I understand that the search time quoted is an estimate and actual costs may be higher. I agree to pay all fees associated with the cost of searching and copying the requested information.

Signed: _____ Date: _____