

TOWN OF MADISON OFFICE OF THE TOWN CLERK – TAX COLLECTOR 1923 VILLAGE ROAD PO BOX 248 MADISON, NH 03849-0248

OFFICE: 603-367-9931 Ext 310/305 FAX: 603-367-4765 or 367-4547 E-MAIL: <u>clerk@madison-nh.org</u> OFFICE HOURS: M, T, W, TH 8 AM – 4 PM www.madison-nh.org

REQUEST FOR INFORMATION/DOCUMENTS

NAME:	DATE:
Taxpayer/Busi	ness Affiliation/Citizen:
	View the Town's Finding Aid to be as specific as possible for information being requested
MINUTES:	
MINUTES:	Board/Committee—Date of meeting(s)
MINO ILS.	Board/Committee—Date of meeting(s)
OTHER:	
Please provide	AT LEAST TWO means of contact:
Mailing Addre	255:
E-mail Addres	s:
	Cell Phone #
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	formation held by the Town Clerk is available to review any Monday through Thursday durin 8:00 a.m. to 4:00 p.m. Due to limited staffing, please call ahead to be sure we can assi

you.

Document(s) archived, which is/are not readily available, may take additional time to locate and may be subject to a research fee.

I agree to pay the Town of Madison for any photocopying and/or research fees incurred regarding requested information.

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Signature: _____

Archival Vault Program\Request for Information by Public 12.14.2016

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