

**TOWN OF MADISON
OFFICE OF SELECTMEN
POST OFFICE BOX 248
MADISON, NEW HAMPSHIRE 03849
office@madison-nh.org**

Phone: 603-367-4332

Fax: 603-367-4547

REQUEST FOR INFORMATION/DOCUMENTS

Name: _____ Date: _____

Business Affiliation: _____

Description of Information being Requested:

Please provide AT LEAST TWO Means of Contact:

E-mail address: _____

Mailing address: _____

Telephone #: _____

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I agree to pay the Town of Madison for any photocopying costs incurred in reproducing the above requested information. An invoice will accompany the information and will be paid in full within 30 days.

Signature: _____