



REQUEST FOR PUBLIC INFORMATION

Date: _____

Name of Requestor: _____

Company: _____

Address of Requestor: _____

Telephone number: _____

Email Address: _____

Information Requested (note: Many of our files are quite large. In order to better serve you and process your request in a timely manner, please be as specific as possible in your request):

Reason for Request: _____

A FEE OF \$.50 A COPY FOR 8 ½ x 11 & \$2.00 A COPY FOR 24" x 36" PLAN IS PAYABLE IN ADVANCE, AS WELL AS APPLICABLE POSTAGE RATE

401 West Thames Street – Ste. #106, Norwich, CT 06360
Telephone No. (860) 823-1189 FAX No. (860) 887-7898
E-Mail: ofcmgr@uncashd.org
Internet: www.uncashd.org