

TOWN OF REGINA BEACH
MUNICIPAL INFORMATION REQUEST FORM

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| Applicant Information: <i>(Please Print)</i> | |
| Last Name: | First Name: |
| Address: | |
| Phone (Residence): | Phone (Other): |

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| Details of Requested Information: |
| Name of Record (if known): |
| Detailed Description of Record: |
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I understand an application fee of \$20 is to be submitted with this request.

I understand there is a processing fee of \$35.00/hour or any part thereof, to process this request and that, prior to receiving access to the records I have requested, I am required to pay that fee.

Signature of Applicant

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|---|------------------------|
| For Office Use Only | |
| Date Received: _____ | Application No.: _____ |
| Application Fee Received: Yes <input type="checkbox"/> No <input type="checkbox"/> | |