



Town of Troy

16 Central Square - PO Box 249 - Troy, New Hampshire 03465

“RIGHT TO KNOW REQUEST”

I, _____ am requesting the following information:

(Please print name)

Description of records:

- I wish only to inspect the public document(s) at this time.
- I would like copies of the public documents and I agree to pay the scheduled fee for copies.

Cost = # of copies _____ @ \$ _____ \$ _____

Signature of requestor

Telephone #

Under the New Hampshire Right to Know Law, RSA 91- A, the Town has 5 business days from the date of this request to respond.

Received by Town Office - Date: _____

Employee

Form Approved 5/22/17