



TOWN OF CANTON
FOUR MARKET STREET
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COLLINSVILLE, CONNECTICUT 06022-0168

FREEDOM OF INFORMATION REQUEST FORM

The Town of Canton requests that each individual seeking copies of public documents covered under the Freedom of Information Act complete this form. Requests to simply view public documents do not require the use of this form.

Date:

Name:

Email:

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Description of Information Requested (i.e. name of documents, inclusive dates):

FOR OFFICE USE ONLY:

Date Received _____ Date Completed _____

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Special Requirements: _____

Total Cost Related to Request: \$ _____