



TOWN OF STOKESDALE Public Records Request Form

Name of Requestor: _____

Address: _____

Telephone: _____

Date Requested: _____ Signature _____

*Requested Information:
(Description, title, and
date of record if known)

Date Records Received: _____ Signature: _____

Copy Charges Collected: _____ Staff Signature _____

*Note: Public record laws provide for the inspection and examination of public records. However, the law does not provide for the creation of records if no such records exist.