

**Town of Hinsdale**  
**P.O. Box 13, 11 Main Street**  
**Hinsdale, NH 03451**

**“Right To Know” Request**

The public information identified below is requested forthwith, pursuant to New Hampshire RSA 91-A.

**INFORMATION REQUEST FORM:**

**NAME OF PERSON MAKING REQUEST (PRINT):** \_\_\_\_\_

**I WISH ONLY TO INSPECT AT THIS TIME.**

**IF REQUESTED INFORMATION IS NOT IMMEDIATELY AVAILABLE, PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE MAY CONTACT YOU.**

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DESCRIPTION OF INFORMATION REQUESTED:**

I acknowledge the Town of Hinsdale will respond to the request if the information is not immediately available within 5 business days. A time and place will be scheduled where I may view the information being requested. I acknowledge that I can be billed for reasonable copying costs.

**Signature of person making request:** \_\_\_\_\_

\_\_\_\_\_

I hereby attest that I have received a copy of this public information request on behalf of the Town of Hinsdale at

\_\_\_\_\_ AM or PM on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of person accepting request (PRINT)

\_\_\_\_\_  
Signature of Person Responding

Please provide copy to Person making request. Original to be kept by the Town of Hinsdale.