



Town of Manchester Health Department Freedom of Information Request

Requestor:

Name: _____
(Please Print)

Address: _____
(City) (State) (Zip code)

Phone (Day time): _____ (optional) Email: _____ (optional)

(Signature)

I agree not to use the record obtained from this request, or any portion thereof for fraudulent purposes. I am signing my own legal name and I declare under penalty of perjury under the laws of the State of Connecticut that the foregoing is true and correct.

Detailed Description of Requested Record(s):

For Office Use Only:

Approved/Denied: _____ Date: _____

Reason for Denial: _____
