

**TOWN OF PITTSBORO**  
**PUBLIC INFORMATION REQUEST FORM**



**REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list the information you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you requesting copies of the documents?  YES  NO

**Please Note:**

1. Copies of public documents are available at a fee as shown in the Town of Pittsboro fee schedule.
2. The information requested will be furnished for review in the presence of department staff, as staff time permits, during normal working hours.
3. Public access to file storage is prohibited.
4. Documents provided for review may not be removed, altered or destroyed. (Does not apply to copies provided to customer)
5. Documents provided for review shall be returned in the same condition and order as they were originally provided. (Does not apply to copies provided to customer)

\_\_\_\_\_  
Signature of Person Requesting Information

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

Information Request:  Approved  Disapproved

Reason for disapproval:

\_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Information Provided: \_\_\_\_\_