

TOWN OF WESTMINSTER

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PUBLIC RECORDS REQUEST

Date of Request:	07/10/2025
Name:	GRULE MURRAY
Mailing Address:	
City/Town/State/Zip	
Telephone #:	F-mail:
considered a publicany member of the information, such Security numbers the Town of Westr received on the new Signature: I, the above signed your office (use the	ds request, including any associated correspondence, will be ic record in its entirety. As such, it will be made available to e public upon request. Do not include any sensitive as medical information, financial account numbers or Social. Submission of this form does not constitute receipt of it by minster. Your Public Records request will be considered as ext business day following its submission. I, am requesting copies of the following documents on file at e rear of this page is additional room is needed):
06/27/202	WN MANAGER Time CARD Week Ending
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<u>Note</u>: Charges may apply for staff research, compilation and copies of documents. No new records will be created by any person(s), department, board, committee or commission under the jurisdiction of the Town of Westminster.

The Town of Westminster will provide copies of documents pursuant to Vermont Statute 1 V.S.A. § 316