

TOWN OF WESTMINSTER

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PUBLIC RECORDS REQUEST

Date of Request: 08 28 2025
Name: G.P. Murray
Mailing Address:
City/Town/State/Zip:
Telephone #: E-mail: 1
This Public Records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request. Do not include any sensitive information, such as medical information, financial account numbers or Social Security numbers. Submission of this form does not constitute receipt of it by the Town of Westminster. Your Public Records request will be considered as received on the next business day following its submission. Signature:
I, the above signed, am requesting copies of the following documents on file at your office (use the rear of this page is additional room is needed):
Original Copies of Town Marager Time Carols Enlis 08-76-2025 \$ 08-30-2025
ATTENDED TO A STATE OF THE STAT

<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