REQUEST FOR WRITTEN VERIFICATION

PLEASE PRIN	Γ:	DATE:	
NAME:			
ADDRESS:			_
PHONE:			
INFORMATION	REQUESTED: (PLEASE	BE SPECIFIC)	
	Person taking request: Person assigned research	ity: n:	
Per F.S. technology, res agency may ch based on the la Estimate difference will be All attern However, in the	119.07, if record request of the cources or extensive clerical arge, in addition to actual calor cost of the person proved cost of extensive researche collected or refunded what will be made to fill your	requires extensive use of information, all or supervisory assistance by personne cost of duplication, a special service chaviding the service. The and copy must be paid in advance. As the material is picked up. To request within two (2) working days. The more time may be required.	el, this rge, Any
		tion 1 - Administrative Fees, A.22. Writte	

verification of the availability of town services or verification of zoning information.