East Hartford Housing Authority
546 Burnside Avenue
East Hartford, CT 06010

FREEDOM OF INFORMATION ACT REQUEST

Date: _____
Name (optional): _____
Address (optional): _____

Phone # (optional): _____
Email (optional): _____

Please describe with specificity the document(s) you are requesting. If you are not sufficiently specific, we may not be able to identify the document(s) you request which may delay our response to your request:

_____
_____
_____
_____

I want to (please check one):

☐ Review Records or Documents

☐ Receive Hard Copies of Requested Documents

☐ Other (please specify):

_____
_____

I agree to pay such fees and costs consistent with the fees established by the East Hartford Housing Authority. I understand that materials may be picked up and payment made at the Housing Authority Office.

Signature of Requester: _____

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