

RIGHT TO KNOW
4 MAIN STREET
P.O BOX 207
NEW DURHAM, NH 03855
NDRTKREQUEST@NEWDURHAMNH.US



TOWN HALL
4 MAIN STREET
NEW DURHAM, NH 03855

TEL: (603) 859-2091
FAX: (603) 859-6644

TOWN OF NEW DURHAM, NEW HAMPSHIRE

January 19, 2023

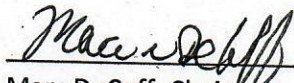
Access to Public Records Policy

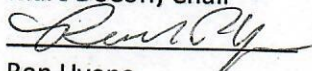
This policy is intended to provide guidance regarding the requests of citizens and others for information. It shall be the policy of the Town of New Durham to support and comply with the New Hampshire RSA 91-A Right to Know Law.

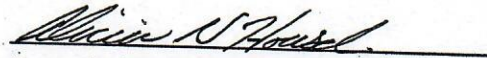
Procedure:

1. All requests for information per RSA 91-A shall be directed to ndrtkrequest@newdurhamnh.us
2. A Right to Know Request form cannot be required to be filled out by the requester but can be asked to be. The Form will reduce any confusion and misunderstanding when fulfilling the Right to Know and allow accurate tracking and recording.
3. All requests that are forwarded to different departments, shall be completed by the department.
4. If information is readily available for immediate inspection, we must allow immediate inspection and or copying (for a fee). If unavailable for immediate inspection the office shall, within five (5) business days of the request, make such record available, deny request in writing with reasons, or furnish written acknowledgement of the receipt of the request and state the time reasonably necessary to determine whether the request shall be granted or denied.
5. Fees are as follows for requests, for photocopies there is a \$0.50 per page fee. Some request fees are bound by RSA's, and those fees will be stated when request is received.

This policy shall be effective immediately, by the vote of the New Durham Board of Selectmen.


Marc DeCoff, Chair


Ron Uyeno


Recorded by Town Clerk, Alicia Housel

January 6, 2023
February

Dorothy Veisel
Amended

Feb 2, 2023

Right to Know Request Form-Town of New Durham

Use of this form to submit a request pursuant to RSA 91-A is entirely voluntary. However, this form has been created to assist in capturing the specifics of your request and to be able to complete the request with accuracy.

All Requests should be directed to:
ndrtkrequest@newdurhamnh.us

or Mail To:

Attn: Right to Know Request
PO Box 207
New Durham, NH 03855

Requesters Name: _____

Mailing Address: _____

Phone/Email: _____

Description of Information Requested:

How would you like to obtain the information?

I would like to inspect only

I would like hard copies mailed, and I will mail in a check upon notification of amount.
-Documents will be mailed upon receipt of check.

I would like to pick up hard copies

I would like them sent electronically if they are already in electronic form.

There is a fee for hard copies to be provided, the fee is \$0.50 per page. For inspection only there is no fee.

*Prior to printing and sending the department will reach out to requester to verify cost and payment.

*If request cannot be completed, requester will receive written explanation.

Office Use Only:

Date Request Received: _____ Individual who received request: _____

Date Request Completed: _____ Individual(s) who completed request: _____