



**TOWN OF SEABROOK**  
**RIGHT-TO-KNOW REQUEST FORM (RSA 91-A)**

Name (optional):

Address (optional):

Phone (optional):

Email (optional):

Description of Requested Records:

Date Range (From):  To:

Format Requested:            Inspect            Paper            Electronic

Delivery Preference:        Email            Pickup            Mail

Signature (optional):

Date: