
Person Making this Request:

Name:

First

Middle

Last Name

Address:

Number

Street

Town/City: _____ State: _____ Zip Code:

Signature: X

THE LEGAL FEE IS \$20.00 PER COPY

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: \$ _____

**FEE: \$20.00 PER COPY MADE PAYABLE TO THE
TOWN OF PROSPECT, TOWN CLERK
MAIL THIS REQUEST WITH PAYMENT TO
THE PROSPECT TOWN CLERK
36 CENTER STREET
PROSPECT, CT 06712**

Please include a self-addressed, stamped envelope