



TOWN OF NEWMARKET

Clerk's Department

Meeting Investigation Request Form

Applicant Requesting Investigation: (Please print or complete electronically)

Name:	
Address:	
City:	Postal Code:
Telephone:	Email Address:

Details of meeting investigation request:

Meeting Requested for Investigation:
Date of Meeting:
Details of why the request is being filed:

Further Notice

Closed Session Meeting Investigation Report (when provided as part of the public meeting agenda)

- I would like to receive a copy
- I do not need a copy

Meeting where the Closed Session Meeting Investigation Report is presented:

- I would like to be notified of the meeting
- I do not need to be notified of the meeting

Signature:	Date:
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