

CHECKLIST REQUEST

PERSON or ORGANIZATION REQUESTING CHECKLIST

DATE

MAILING ADDRESS

Type of Checklist:

- | | | |
|--------------------------|---|---------|
| <input type="checkbox"/> | Paper copy (@ 45 pages) | \$25.00 |
| <input type="checkbox"/> | Digital – on 3.5” floppy disc or CD-ROM | \$25.00 |
| <input type="checkbox"/> | Digital – via email* | \$25.00 |

Please make checks payable to “Town of Bennington”. Thank You.

Send payment to:

Town Clerk
Bennington Town Hall
7 School St., Unit 101
Bennington, NH 03442

FOR SUPERVISORS' USE

DATE RECEIVED

DATE SENT

INITIALS