

Good communication is vital in the open records process. Complete this form thoroughly and retain a copy; it is required should an appeal be necessary.

AGENCY NAME OF REQUEST: Winter Harbor PD	(Attn: AORO)
Date of Request: 7/4/2024 Submitted via: Email U.S. Mail 🛛 Fax	🗆 In Person
PERSON MAKING REQUEST:	
Name: Frank Curry Company (if applicable): FOIA Buddy	
Mailing Address: _PO Box 355	
City: Ashland State: PA Zip: 17921 Email: bills@foiabuddy.com	
Telephone: 833-527-8748 Fax:	
How do you prefer to be contacted if the agency has questions? $\Box$ Telephone $\blacksquare$ Email $\Box$ U.S. M	Iail
<b>RECORDS REQUESTED:</b> Pursuant to <b>Maine Freedom of Access Act § 402 et seq.,</b> I reques opportunity to inspect or obtain copies of public records related to:	st the
Provide the MOST RECENT copy of invoices, bills, & subscription statements for ALL softwar	e,
internet, phone, cellular, broadband, & cloud services from June 2023 to present. Include the	most
recent invoice for all related purchases for your agency & all associated agencies if multiple a	ire
controlled by the same entity. Provide the latest billing document for each vendor, even if ou	tside
this date range.	
DO YOU WANT COPIES? I Yes, electronic copies preferred if available	
Yes, printed copies preferred	
No, in-person inspection of records preferred (may request copie	s later)
Do you want certified copies? $\Box$ Yes (may be subject to additional costs) $\blacksquare$ No	
In the event of a charge, I also seek a waiver of all fees based on the public interest nature of the information. Kindly respond within the required <b>5 days</b> . If access to the requested records is de inform me of the anticipated timeline for copies or inspection.	
In the event of a denial, please specify each exemption justifying the refusal and outline the app available under the law.	eal procedures
NOTE: In most cases, a completed open records request form is a public record. More information about open records request is available at <u>https://foiabuddy.com</u> Form updated M	ay 11, 2024

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AGENCY NAME OF REQUEST: State Police	(Attn: AORO)
Date of Request: 5/25/2024Submitted via: 🗉 Email 🗆 U.S. Mail 🗖 Fax	🛛 In Person
PERSON MAKING REQUEST:	
Name: Frank Curry Company (if applicable): FOIA Buddy	
Mailing Address:PO Box 355	
City: Ashland State: PA Zip: 17921 Email: catech@foiabuddy.con	1
Telephone:	
How do you prefer to be contacted if the agency has questions? $\Box$ Telephone $lacksquare$ Email $\Box$ U.S. N	Iail
<b>RECORDS REQUESTED:</b> Pursuant to <b>Maine Freedom of Access Act § 402 et seq.,</b> I reque opportunity to inspect or obtain copies of public records related to:	st the
Please provide a copies of State Polices bills or invoices for printing or copier leases and	
purchases from November 2023 to May 24 2024 (or last bill received if monthly doesn't exis	t). If a
single document with the requested information doesn't exist, please provide multiple docu	nents that
collectively cover the requested information.	
DO YOU WANT COPIES? I Yes, electronic copies preferred if available Yes, printed copies preferred No, in-person inspection of records preferred (may request copies Do you want certified copies? Yes (may be subject to additional costs) No	-
In the event of a charge, I also seek a waiver of all fees based on the public interest nature of the information. Kindly respond within the required <b>5 days</b> . If access to the requested records is de inform me of the anticipated timeline for copies or inspection.	
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FOIA DATABASE SEARCH				
Soarch Query Name or phrases	FOIA buddy			
ADVANCED SEARCH				
Start Date:	Ма/ЛЛ/үүү	End Date:	MM/DD/YYYY	
First Name:		Last Name:		
Organization:				
SEARCH				
Agency:				
Resolution:	·	:		

-	
Search	Clear
	-

Аделсу	「「「Subject」」では、「「「」」」、「「」」、「」」、「」」、「」」、「」」、「」」、「」」、「」	Star State State State State	Action
Putnam County	Contact information for various agencies	03/10/2024	View Entry
Putnam County	Contact information for various cities, towns, etc.	03/10/2024	View Entry
Putnam County	Itemized list of good and services	03/10/2024	View Entry
Putnam County	Putnam County's annual budget & expense category breakdown	03/10/2024	View Entry
utnam County	Contact information foir various agencies	03/10/2024	View Entry
Putnam County	Contact Information for various entities	03/10/2024	View Entry
utnam County	Contact information for various organizations	03/10/2024	View Entry
utnam County	Contact information for various agencies	03/10/2024	View Entry
utnam County	Contact information for various agencies	03/10/2024	View Entry

#### Page 1 of 1, records:1 to 9 of 9



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AGENCY NAME OF REQUEST:	State Police				(Attn: AORO)
Date of Request: 5/25/2024	Submitted vi	a: 🖪 Email	🛛 U.S. Mail	🗖 Fax	🛛 In Person
	PERSON MAKING REQU	JEST:			
Name:Frank Curry	Company (	if applicable	e): FOIA Bud	dy	
Mailing Address: <u>PO Box 355</u>					
City: AshlandSt	ate: <u>PA Zip: 17921</u>	Email <u>:_ ca</u>	ntech@foiabu	ddy.com	<u>i</u>
Telephone: 833-527-8748	F	ax:			
How do you prefer to be contact	ted if the agency has questio	ns? 🛛 Telep	hone 🗉 Email	🗆 U.S. M	Iail
<b>RECORDS REQUESTED:</b> Pursu opportunity to inspect or obtai	ant to <b>Maine Freedom of</b> A n copies of public records r	Access Act §	§ 402 et seq.,	, I reques	st the
an a					
Provide State Police's current in	ternal & external point of c	ontact(s) for	r everything t	echnical	,
including computers, alarıns, car	meras, & other related issue	es. Please in	clude phone,	email, tit	le(s),
and vendor agreements or contr	act(s) (if they exist). If a sir	gle docume	nt with the r	equested	
information doesn't exist, please	e provide multiple documer	its that colle	ctively cover	the requ	iested
information.					
DO YOU WANT COPIES? 🔳 Ye	es, electronic conies preferre	d if available	<u>_</u>		
	es, printed copies preferred				
	o, in-person inspection of re	cords prefer	red ( <i>may requ</i>	iest copie	s later)
Do you want certified copies?	<b>]</b> Yes (may be subject to add	tional costs)	🔳 No		
In the event of a charge, I also see information. Kindly respond with inform me of the anticipated tim	nin the required <b>5 days</b> . If ac	cess to the r			
In the event of a denial, please sp available under the law.	ecify each exemption justify	ing the refus	al and outline	e the app	eal procedures
NOTE: In most cases, a completed of More information about open record			<u>m</u> Form t	ıpdated M	ay 11, 2024
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AGENCY NAME OF REQUEST: State Police (Attn: AORO)
Date of Request: 5/25/2024Submitted via: 🗉 Email 🗆 U.S. Mail 🗆 Fax 🗔 In Person
PERSON MAKING REQUEST:
Name: Frank Curry Company (if applicable): FOIA Buddy
Mailing Address:PO Box 355
City: <u>Ashland</u> State: <u>PA</u> Zip: <u>17921</u> Email: <u>catech@foiabuddy.com</u>
Telephone:833-527-8748Fax:
How do you prefer to be contacted if the agency has questions? $\square$ Telephone $\blacksquare$ Email $\square$ U.S. Mail
<b>RECORDS REQUESTED:</b> Pursuant to <b>Maine Freedom of Access Act § 402 et seq.,</b> I request the opportunity to inspect or obtain copies of public records related to:
Please provide a copies of State Polices bills or invoices for network Services, voice or telephone
equipment and services (hardware - software) from November 2023 to May 24 2024 (or last bill
received if monthly doesn't exist). If a single document with the requested information doesn't
exist, please provide multiple documents that collectively cover the requested information.
DO YOU WANT COPIES? Yes, electronic copies preferred if available Yes, printed copies preferred No, in-person inspection of records preferred ( <i>may request copies later</i> ) Do you want certified copies? Yes ( <i>may be subject to additional costs</i> ) No
In the event of a charge, I also seek a waiver of all fees based on the public interest nature of the requested information. Kindly respond within the required <b>5 days</b> . If access to the requested records is delayed, please inform me of the anticipated timeline for copies or inspection.
In the event of a denial, please specify each exemption justifying the refusal and outline the appeal procedures available under the law.
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AGENCY NAME OF REQUEST: _	State Police				(Attn: AORO)
Date of Request: 5/25/2024	Submitted via:	🔳 Email	🛛 U.S. Mail	🗆 Fax	🛛 In Person
	PERSON MAKING REQUE	ST:			
Name: Frank Curry	Company (if	applicable	): FOIA Bude	dy	
Mailing Address: <u>PO Box 355</u>					
City: <u>Ashland</u> Sta	ate: <u>PA Zip: 17921</u>	Email <u>: ca</u>	tech@foiabu	ddy.com	l
Telephone: 833-527-8748	Fax	ra kt			
How do you prefer to be contact	ed if the agency has questions	? 🛛 Telepl	none 🗉 Email	🗆 U.S. M	lail
<b>RECORDS REQUESTED:</b> Pursu opportunity to inspect or obtain			402 et seq.,	I reques	t the
Please provide copies of State Po	lices bills for servers, web ho	osting, weł	) design, web	mainter	iance &
any cloud services from Novemb	er 2023 to May 2024 (or last	: bill receiv	ed if monthly	y doesn'i	exist).
If a single document with the rec	uested information doesn't e	exist, pleas	e provide mu	ıltiple do	ocuments
that collectively cover the reque	sted information.				
	s, printed copies preferred , in-person inspection of reco	rds preferr	ed (may requ	est copie	s later)
In the event of a charge, I also see information. Kindly respond with inform me of the anticipated time	in the required <mark>5 days</mark> . If acce	ess to the r			
In the event of a denial, please sp available under the law.	ecify each exemption justifyin	g the refus	al and outline	the app	eal procedures
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