From:	Office of the Vermont Attorney General	
To:	AGO - Public Records Requests	
Subject:	Public Records Request Form Form submitted on Office of the Vermont Attorney General	
Date:	Sunday, July 19, 2020 3:40:00 PM	

EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.

Name	Greg
Last Name	Smela
Address	Brandon, VT 05733 United States
Email	
Phone Number	
Please describe the	To the Department of Agriculture, Food and Markets:
records you are requesting and provide as much specificity as possible, including applicable date ranges.	Under the Vermont Public Records Law, §315 et seq., I am requesting an opportunity to inspect or obtain copies of public records that list or describe the apiaries in Vermont found to be infect with American Foul Brood.
	If there are any fees for searching or copying these records, please inform me if the cost will exceed \$1.00. However, I would also like to request a waiver of all fees in that the disclosure of the requested information is in the public interest and will contribute significantly to the public's understanding of how this serious disease will impact beekeeping in Vermont This information is not being sought for commercial purposes. The law requires a response to this request within 2 days, or within 10
	days for extraordinary circumstances. If you expect a significant delay in fulfilling this request, please contact me with information about when I might expect copies or the ability to inspect the requested records.
	If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.
	Thank you for considering my request.
Please take note of the following disclaimer:	 This public records request, including any associated correspondence, will be considered a public record in its entirety. As such, it will be made available to any member of the public upon request. Do not include any sensitive information, such as medical information, financial account numbers, or Social Security numbers. The AGO will contact you if additional information is required.

	3. Submission of this form does not constitute receipt of it by the AGO. Your public records request will be considered received on the next business day following its submission.
Agreement	I agree that I have read the directions and disclaimers on this form and that the information that I have provided is accurate to the best of my knowledge. Clicking the Declaration below is equivalent to my electronic signature.
Declaration (Required)	Declaration (Required)
Date Submitted	July 19, 2020