

GRAND ISLE OPEN MEETING LAW COMPLAINT FORM

Town Of Grand Isle Vermont

Date: _____

ATTN: Grand Isle Selectboard

PO Box 49 Grand Isle, Vermont 05458

PHONE: 802-355-9398

EMAIL: selectboard@grandislevt.gov

FACTUAL DESCRIPTION OF THE COMPLAINT:

Prior to bringing a civil action in the Civil Division of the Superior Court in the county in which the alleged violation has taken place for appropriate injunctive relief or for a declaratory judgment, Vermont law requires any person aggrieved by an alleged violation of the Open Meeting Law to provide the public body with a written notice that alleges a specific violation and requests a specific cure of such violation.

- Date and Time Occurred:
- Name of Public Body:
- Specific Violation Alleged:
- Specific Cure Requested:

Please provide any additional facts that may assist the Town of Grand Isle in its investigation below:

If you need more space, please attach sheets to this form. Submit this document, and any supporting documentation, to the address at the top of this form.

Name of individual submitting complaint and contact information:

Name: _____

Phone: _____

Email: _____