

TOWN OF NORTH YARMOUTH  
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NORTH YARMOUTH, MAINE 04097

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**DIGITAL INFORMATION RELEASE FORM**

**APPLICANT'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE & ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

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TERMS AND CONDITIONS OF RELEASE READ AND AGREED TO:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

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