

PUBLIC RECORDS REQUEST FORM

REQUESTER'S NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

This is a request under the Massachusetts Public Records Law (M. G. L. Chapter 66, Section 10). I am requesting that I be provided a copy of the following records:

After the requested records are retrieved I would like to:

Inspect the records Receive hard copies via **mail** or **pickup** (circle one)

Receive electronic copies via **email** or other
(specify: _____)

The Public Records Law requires you to provide me with a copy of or allow me to inspect the records requested above within 10 business days. If you cannot fully comply with my request, you are statutorily required to cite an exemption and to explain how and why the exemption applies to the records I am seeking. I understand that any reasonable fees associated with my request must be paid prior to my receiving or inspecting said records.

Signature

Date

_____ Received By	FOR USE BY PUBLIC RECORDS OFFICER
_____ Date Received	
_____ Initial Response Due Date (10 business days from date received)	
_____ Final Response Due Date (25 business days from date received)	