



TOWN OF LANESBOROUGH

83 North Main Street, Lanesborough, MA 01237
All departments 413-442-1167 Fax 413-443-5811

Request Made:
 In Person
 By Fax
 By Mail
 By Email (attached)

Date Received: _____

Request for Public Records

This completed form is a public document

SECTION 1: RECORDS REQUEST

Requestor _____ Phone _____

Email Address _____

Address _____ City _____ State _____ Zip _____

I wish to:

Inspect

Receive a copy of specific record(s)

Have an estimate of the number of pages involved in the request prior to any copies being made.

Request: (For additional Space, use a separate page)

Your request will be forwarded to the appropriate department. Unless notified, the town will respond to your request within ten (10) calendar days.

SECTION 2: DEPARTMENT RESPONSE

Allow Access Provide Records

Deny Access
(Records requested are legally exempt)

We do not have the record(s)

Charge is: \$.05 for each page

of pages _____ Search Time _____

Fee per pg _____ Correlation Time _____

Mailing _____ Hourly Rate _____

TOTAL _____ TOTAL _____

GRAND TOTAL \$ _____

SECTION 3: Requester Notification (to be completed by RAO)

Name of Person Notified: _____ Date _____ Time _____

Method of notification _____