Public Records Request Form

Please complete the following form to submit a request for public records. Once complete, submit this form to the Records Access Officer (RAO). Be as specific as possible when describing the requested records.

Requester Information

Name:	_____
Organization (if applicable):	_____
Mailing Address:	_____
Phone Number:	_____
Email Address:	_____

Records Requested

Please describe the records you are requesting, including dates, subjects, and any other relevant details to assist in locating the records:

_____
_____
_____

Preferred Delivery Method

- ☐ Email
- ☐ Mail
- ☐ In-Person Pickup

Certification & Signature

I hereby certify that the information provided is accurate to the best of my knowledge. I understand that fees may apply for the reproduction of records as permitted under Massachusetts General Laws.

Signature: _____ Date: _____