

TOWN OF ADAMS

PUBLIC RECORD REQUEST FORM

Name

Date

Address

Telephone Number

Custodian of Records

Town of Adams

8 Park Street

Adams, MA 01220

Dear Madam/Sir:

[Please select appropriate option below:]

☐

I request to inspect the documents outlined and I will come to your office on the following date: *[Date must be a minimum of 10 days after the letter is received].*

At that time, I may request that one copy of some or all of these records be made available to me for a reasonable fee. *Document(s) I wish to review:*

[Describe your request in as much detail as possible; you do not have to identify the document(s)].

☐

I hereby request pursuant to the Massachusetts Public Records Laws, G.L. c. 4, §7, clause 26, and G.L. c. 66, §10, that a copy of the following record be mailed to me at the above address within 10 days of receipt of this letter. *Documents I wish to receive a copy of:*

[Describe your request in as much detail as possible; you do not have to identify the document(s)] Enclosed is a check for \$____, which will cover postage and copying costs at 5¢ per page.

Should you determine that some portion of the document(s) I have requested is not a public record, I reserve my right to appeal such a decision and request that you release any portion of the document(s) that is public information. If you determine that the requested document(s), or any portion of the requested document(s), is exempt from disclosure, please note the specific exemption under the law and explain why.

Please contact me if you have any questions regarding this request.

Sincerely, *[Sign Below]*