



TOWN OF NORTH READING

COMMONWEALTH OF MASSACHUSETTS



PUBLIC RECORDS REQUEST FORM

Public records requests will be responded to within ten (10) business days from receipt of request.

Responses may indicate additional information or time required and an estimate of fees.

In accordance with Public Records Law, EXEMPTIONS will be redacted from material provided.

Please be as specific as possible when identifying records requested.

Date of Request:

Detailed
Description of
Records:

REQUESTOR'S INFORMATION:

Name of Requestor:

Firm / Company:

Address:

City / Town:

State:

Zip:

Phone No.:

Fax No:

Email:

EMAIL ELECTRONIC COPY OF RECORDS *(if available)*

COPY OF RECORDS *(\$0.05 per page plus personnel time, search, redact, postage)*

OTHER / ADDITIONAL INFORMATION:

OFFICE USE:

Received by:

Initial Response:

Follow-up:

Total Fees:

Paid Date:

Records Provided: