TOWN CLERK'S OFFICE Town of North Reading GENERAL REQUEST FORM BY MAIL

You may use the form below to request a copy of a document that you know is on file in this office, and for which you have determined the correct fee. Please complete this form and return it, together with a self-addressed, stamped envelope and a check made payable to the "**Town of North Reading**" for the correct amount. Please contact our office if you do not know the correct amount before mailing the request. Mail your request to:

Town Clerk's Office Town Hall – 235 North Street North Reading, MA 01864-1294

BOARD of APPEALS "20-Day Certification of No Appeal"

NAME of APPLICANT:	
	<u>FEE: \$15</u>
OT	HER DOCUMENT(S)
DESCRIPTION (Please be specific):	:
Amount Er	nclosed: \$
	ding this request, please complete the following:
Name of Requestor:	
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FOI	R OFFICE USE ONLY
Date Received: Person Contacted:	Correct Fee: (Yes) (No) Result:

Final Response: _____

Initial Response: _____