## 51 Bridge Street

## Shelburne, MA 01370

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### Town of Shelburne, Office of the Town Clerk

**Commonwealth of Massachusetts**

**PUBLIC RECORDS REQUEST FORM**

**All public records request will be responded to within ten (10) days after receipt of request.**

**Responses may indicate further time is necessary, additional information is required, or**

**estimate of fees is required to fulfill the request, as follows:**

Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.

Date of Request:

Description of

Materials Sought:

Requestors Information:

Name of Requestor:

Firm / Company:

Address:

City: State: Zip:

Phone number: Fax number:

Email:

Please be as specific as possible when requesting information:

COPY OF RECORDS (.05 per page plus search, redact and/or copy fee)

OTHER / ADDITIONAL INFORMATION:

**RAO USE:** Received by: Initials:

Fees: Paid: Records Provided: