



TOWN OF ACTON
472 MAIN STREET
ACTON, MASSACHUSETTS, 01720
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TOWN CLERK / RECORDS ACCESS OFFICER

PUBLIC RECORDS REQUEST FORM

TO MOST EFFICIENTLY SATISFY YOUR PUBLIC RECORDS REQUEST, WE ASK FOR THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

E-MAIL: _____

FULL DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING. PLEASE INCLUDE DATES OR DATE RANGES IF APPLICABLE:

WE WILL CONTACT YOU WITH AN ESTIMATED COST, IF APPLICABLE. PAYMENT MUST BE RECEIVED BEFORE YOUR REQUEST IS PROCESSED. ALL CHECKS SHOULD BE MADE PAYABLE TO **TOWN OF ACTON**.

WHEN THE INFORMATION/DATA HAS BEEN COMPILED, WE WILL CONTACT YOU. PLEASE ALLOW UP TO (10) TEN DAYS TO FULFILL YOUR REQUEST.

SIGNATURE

DATE