Town of Salisbury



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PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) business days after receipt of request. Responses may indicate further time is necessary, additional information is required, or an estimate of fees is required to fulfill the request. Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.

This is a request under the Massachusetts Public Records Law (M.G.L. Chapter 66, Section 10)

Date of Request:	
Description of Materials Sought: (Please be as Specific as possible)	
Requestors Informati	ion:
Name of Requestor:	
Firm / Company:	
Address:	
City:	State: Zip:
Phone number:	Fax number:
Email:	
COPY OF RECORDS (.05 per page plus search, redact and/or copy fee) OTHER / ADDITIONAL INFORMATION:	
OFFICE USE: Receive	d by: Initial Response: Subsequent Reviews: Paid: Records Provided: