

Public Records Request

Date of Request: _____

Requester's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Description of Request:

Please describe in what manner you would like the information disseminated to you (email, hard copies).

Email: _____

Official Use Only

Date Received: _____

Format received: _____

Assigned to: _____

Date of Initial response: _____

Date Request Completed: _____

How was request disseminated and to whom (include email or mailing address):

You can email this form to the Town Clerk at townclerk@bcn.net or mail to PO Box 442, Tyringham, MA 01264.