

10th Day to Respond by:___

OFFICE OF THE TOWN CLERK

65 Main Street Russell, MA 01071

www.townofrussell.us

413-862-6207

townclerk@townofrussell.us

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 required to fulfill the request, as examples.

Pursuant to Public Re	cords Law all exemption	ns will be red	acted from	any and	all material beir	ng released.
Date of Request:						
Description of Materials Sought						
Downson Informat	·					
Requestors Informat	ion:					
Name of Requestor:						
Firm / Company:						
Address:						
City:		St	tate:	Zip:		
Phone number:		F	ax 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:						
OFFICE USE: Receive	d by: Initia	Il Response:		Subse	quent Reviews:	
Fees:	Paid:	Reco	ords Provid	ed:		