

TOWN OF FREETOWN

REQUEST FOR INFORMATION FORM

Date and time of request: _____

Request made to: (Department) _____

INFORMATION REQUESTED: _____ Copies _____ Viewing

Description of Documents: _____

Name, address, & phone number of party making request: _____

Fees in accordance with Massachusetts General Laws, Chapter 66, Title X, Public Records, and 950 C.M.R. 32.06, as posted in the Freetown Town Hall.

Signature of person requesting information

Office Use

Estimated cost to process request _____

Approval of Estimate cost by _____

Number of pages: _____ Time in: _____ Time out: _____

Total time: _____ Cost (if applicable): _____

Project picked up: _____

(Signature)

(Title)