

**REQUEST FOR INFORMATION**

Date: \_\_\_\_\_

Address: \_\_\_\_\_

What type of information are you requesting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copies requested? \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Person requesting information

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Business or Organization

\_\_\_\_\_  
Fax Number

*You will be notified when files are available for review. If copies are needed there will be a research fee and copying fee.*

*All original files will remain in this office.*

**Reference Massachusetts General Laws, Ch.66, Sec.10 Public Records**

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Building Department Use Only

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\_\_\_\_\_  
Amount for copies .50 cents/page

**If information requires searching for information then there is a "Research Fee" based upon Massachusetts State Regulations.**

\_\_\_\_\_  
Dracut Building Department