

REQUEST FOR INFORMATION

DATE OF REQUEST: _____

DEPARTMENT TO WHICH REQUEST IS MADE: _____

NAME OF REQUESTING PARTY (Optional): _____

ADDRESS (Optional): _____

TELEPHONE NUMBER OR CONTACT INFORMATION: _____

* If no contact information is provided, please call the Town Clerk's Office @ 569-5504 ten days from request date to follow up.

SPECIFIC INFORMATION REQUESTED

AN ANSWER REGARDING THIS REQUEST SHALL BE PROVIDED TO YOU WITHIN TEN (10) CALENDAR DAYS (M.G.L. c 66 § 10b). THE FEE FOR THE REQUESTED INFORMATION PER PAGE IS 05¢ FOR PHOTOCOPIES, MICROFILM, and COMPUTER PRINTOUTS. ANY RESEARCH INVOLVED WILL BE ASSESSED A FEE AT THE LOWEST EMPLOYEE HOURLY RATE PAYABLE TO THE TOWN OF SOUTHWICK UPON RECEIPT OF INFORMATION.

Signature of requesting party

Date of request

FOR OFFICE USE ONLY

() THE TOWN CLERK'S OFFICE HAS THE REQUESTED INFORMATION ON FILE AND HAS FULFILLED THE REQUEST ON _____.

() THE REQUESTED INFORMATION IS NOT ON FILE WITH THE TOWN CLERK'S OFFICE AND HAS BEEN FORWARDED TO _____ ON _____. RECEIVERS SIGNATURE _____ PRINT NAME _____.

() THE REQUESTED INFORMATION IS NOT A PUBLIC RECORD AND IS NOT AVAILABLE FOR PUBLIC INSPECTION.

() THE REQUEST IS NOT FULLFILLED DUE TO THE FREEDOM OF INFORMATION EXEMPTIONS

() THE REQUEST IS NOT FULLFILLED DUE TO THE CRITICAL INFRASTRUCTURE INFORMATION ACT OF 2002

Michelle Hill, Town Clerk or Jessica Menzone, Assistant

Date