

Town of

C H A R L E M O N T
M A S S A C H U S E T T S



INCORPORATED 1765

01339

REQUEST FOR PUBLIC RECORDS

To: _____ Title: _____

Town Department: _____

Please note: Some Departments/Officials require compensation for time spent on project

Request: *(Information required*)*

**Please note: Not all information is available to everyone. Confidential records are not open to the public.*

Name: _____ Date: _____

Address: _____ Telephone: _____

E mail: _____

Copies of documents are .20 per page.

For copies to be faxed or emailed please arrange for payment in advance.

I would like to: review documents copies faxed e mailed

The Public Records Law requires you to provide me with a written response within 10 calendar days. If you cannot comply with my request, you are statutorily required to provide an explanation in writing. Please be advised that if you do not receive a satisfactory response within a reasonable time period, you have the right to appeal to the Supervisor of Records at:

Secretary of the Commonwealth
Public Records Division
McCormack Building, Room 1719
One Ashburton Place
Boston, MA 02108