

REQUEST FOR INFORMATION

Date of Request:

Department to which request is made:

Name of requesting party (Optional):

Mailing or email address:

Telephone number or contact information:

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

PLEASE SPECIFY EXACT INFORMATION REQUESTED

An answer regarding this request shall be provided to you no later than ten (10) business 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

Date Rec'd Request: _____ Date to be completed: _____

() The requested information is not on file with the Town Clerk's Office and has been forwarded to _____ On _____.

Receivers' Signature: _____ Print Name: _____

Delivery:

Delivery Date: _____

Emailed: _____

Pick up in Person: _____

Mailed: _____

Cost: _____ Paid Date: _____ Payment method: _____

Town Clerk or
Assistant Town Clerk

Date