



TOWN OF BERKLEY

MASSACHUSETTS

Information Request Form

To: _____
Record Liaison Officer/Department Head Department

From: _____
Name

Address

City/State/Zip

Telephone Number

Date: _____

Information Requested: Copies Viewing

Description of Documents/Information: _____

Fees in accordance with Massachusetts General Laws, Chapter 66, Title X, Public Records, and 90 C C.M.R., as posted in the Berkley Town Office Building, Town Clerk's Office. A custodian of a public record shall, within 10 days following receipt of a request for inspection or copy of a public record, comply with such request.

Signature of Person Requesting Information

FOR OFFICE USE ONLY

Number of Pages: _____ Cost: _____

Research Fee (minimum of 1 hour, if applicable) Total Time: _____ Cost (If Applicable): _____

TOTAL AMOUNT DUE: _____ Project Picked Up: _____

Remarks: _____

Signature

Title