

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 _____ @ (413) 583-5600 Ext. _____
ten (10) business days from request date to follow up.

SPECIFIC 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 AND COMPUTER PRINTOUTS. ANY RESEARCH INVOLVED **MAY** BE ASSESSED A FEE AFTER (2 HOURS) AT THE LOWEST EMPLOYEE HOURLY RATE NOT TO EXCEED (\$25.00/HOUR) PAYABLE TO THE TOWN OF LUDLOW UPON RECEIPT OF INFORMATION.

Signature of requesting party

Date of request

FOR OFFICE USE ONLY

DATE RECEIVED 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 _____

DATE OF DELIVERY: _____

DELIVERY METHOD: _____ EMAIL _____ IN PERSON _____ MAILED _____

COST: _____ PAID DATE: _____ PAID METHOD: _____

, RAO

Date