Town of Boylston Public Record Request

то	KEEPER	OF THE	RECOR	2DS-
10			ILCO!	$\mathbf{v}\mathbf{v}$.

IO REEPER OF THE RE		d, Department, Committee or Official)
66 of Massachusetts		is, pursuant to Section 70 of Chapter
General Laws:		
RECORD (S) REQUESTE		Date
	(Fill in Full Na	,
If Document: is to be maile MAILING ADDRESS:	ed or sent via facsimile, pleas	se fill in the following information:
City/Town	State	Zip Code
Phone Number:	Fax	Number:
PLEASE DO NOT WRITE	BELOW THIS LINE	
	/:	
DATE AND TIME RECEIV		c documents whose fees are set by
	w (e.g. Fire, Police, Town Cle	
etc.).	v (e.g. rile, rolice, rowitch	erk,
	\$.20/page (81/2x11) = \$	
	\$.25/page (81/2x14) = \$	
	\$.50/page (11x17) = \$	
	\$.50/page (11x15) Compute	
		$r = \frac{1}{2}$ set fees and charges = \$
TOTAL FEE: \$		••••••••••••••••••••••••••••••••••••••
		eprints) shall be the actual cost of
	/transportation, where app	
Search Time: In addition	to the per cage charge, sear	ch time for locating, pulling, copying,
		elete exempt data from the public
portion of a record, will be	charged at the hourly rate of	f the lowest paid department
employee capable of perfo	orming the service. The fee f	or a computer search is the actual
cost of that search. The co	ost of postage, if any, shall a	lso be charged.

IF DOCUMENTS ARE RECEIVED IN PERSON, PLEASE ACKNOWLEDGE BY SIGNING ON THE LINE BELOW

SIGNATURE:	
Date Received:	