

# 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*

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**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