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: ____

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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 costodian 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

1 NORTH MAIN STREET, BERKLEY, MA 02779-1336