

Town of Norton Commonwealth of Massachusetts

PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) days after receipt of request.

Responses may indicate further time is necessary, additional information is required, or
an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Rec	cords Law all exe	emptions will be r	edacted 1	from any	and all material being released.
Date of Request:					
Description of Materials Sought:					
Requestors Information	on:				
Name of Requestor:					
Firm / Company:					
Address:					
City:			State:		Zip:
Phone number:			Fax number:		
Email:					
	OF RECORDS (.0	requesting inforr 5 per page plus s INFORMATION:		dact and	/or copy fee)
OFFICE USE: Received	d by:	☐ Initial Respons	e:		ubsequent Reviews:

Records Provided:

Paid:

Fees: