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|  | **PUBLIC RECORDS REQUEST FORM** | Date/Time Stamp here |
| Town of Avon65 East Main StreetAvon, Massachusetts 02322 |   |
| Date of Request |
| **All public records request will be responded to within ten (10) business 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 Records Law all exemptions will be redacted from any and all material being released.

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| **Enter Description of Materials Sought:** (provide Map-Block-Lot if requesting information pertaining to an address) |

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|   |  |   |
| Name of Requestor |  | Email |
|  |
|   |
| Firm/Company Name |
|  |
|   |
| Street, City, State and Zip Code |
|  |
|   |  |   |
| Phone Number |  | Fax Number |

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| --- |
| Please be as specific as possible when requesting information: |
|[ ]  COPY OF RECORDS (.05 PER PAGE PLUS SEARCH, REDACT AND/OR COPY FEE) |
|[ ]  OTHER / ADDITIONAL INFORMATION: |   |

Office Use Only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Received by | Initial Response | Subsequent Reviews | Fees  | Paid  | Records Provided |