



**TOWN OF BOXBOROUGH
PUBLIC RECORD REQUEST FORM**

APPLICANT INFORMATION:

DATE REQUESTED: ____ / ____ / ____

FULL NAME: _____

ADDRESS: _____

TELEPHONE: _____

REQUEST INFORMATION:

PUBLIC RECORD REQUESTED: _____
(if correspondence, list subject matter)

COMMISSION OR BOARD: _____

DATE(S) OF MEETING/CORRESPONDENCE: _____
(if correspondence, list approximate date or period covered)

FORM OF RECORD (if available): PLEASE CHECK BOX

COPY OF RECORD: (COST PER PAGE: \$0.20)
NUMBER OF PAGES: _____ X \$0.20 = \$ _____

ELECTRONIC FORMAT CD/DVD: (COST PER DISK:\$15.00)
NUMBER OF DISKS: _____ X \$15.00 = \$ _____

AUDIO TAPE: (COST PER TAPE: \$10.00)
NUMBER OF TAPES: _____ X \$10.00 = \$ _____

HOURLY (TIME) CHARGE FOR COMPILATION AND COPYING OF RECORDS (if applicable):

NUMBER OF HOURS: _____ X \$ _____/hour = \$ _____

IF REQUEST IS FOR MINUTES, PLEASE COMPLETE THE FOLLOWING:

I, _____, UNDERSTAND THAT THE PUBLIC RECORD THAT I HAVE REQUESTED IS ONLY A DRAFT, AND HAS NOT BEEN ACCEPTED BY THE BOARD OR COMMISSION FROM WHICH IT WAS CREATED.

I, _____, UNDERSTAND THAT THE PUBLIC RECORD THAT I HAVE REQUESTED IS THE ACCEPTED VERSION THAT HAS BEEN APPROVED BY THE BOARD OR COMMISSION FROM WHICH IT WAS CREATED.

SIGNATURE OF APPLICANT

SIGNATURE OF MEMBER OR STAFF

**Information in existence at the time of request will be made available.
Special reports will NOT be created.**