



City Clerk

City of Leominster
25 West Street
Phone: 978-534-7500 Ext: 3
Fax: 978-534-7546

PUBLIC RECORDS REQUEST FORM

TO MOST EFFICIENTLY SATISFY YOUR PUBLIC RECORDS REQUEST, WE ASK FOR THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

E-MAIL: _____

FULL DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING. PLEASE INCLUDE DATES OR DATE RANGES IF APPLICABLE:

WE WILL CONTACT YOU WITH AN ESTIMATED COST, IF APPLICABLE. PAYMENT MUST BE RECEIVED BEFORE YOUR REQUEST IS PROCESSED. ALL CHECKS SHOULD BE MADE PAYABLE TO CITY OF LEOMINSTER. WHEN THE INFORMATION/DATA HAS BEEN COMPILED, WE WILL CONTACT YOU. PLEASE ALLOW UP TO (10) TEN BUSINESS DAYS TO FULFILL YOUR REQUEST.

Signature

Date