

Town of Monterey
P.O. Box 308 435 Main Rd
Monterey, MA 01245
P: 413.528.1443 F: 413.528.9452
www.montereyma.gov

Public Records Request Form

Date of Request: _____

Name: _____

Mailing Address: _____

City, State & Zip: _____

Telephone Number: _____

Signature: _____

I, the above signed, am requesting the information listed below, regarding the following address*:

_____ Map #*: _____ Lot #*: _____

Please explain/list (in detail) what documents you are requesting copies of:

Under Massachusetts General Laws, an estimate will be sent to you regarding the research and copy fees associated with this request. Research and copying will only be done after payment is received based on the Public Records Request estimate mailed to you.

For office use:

Date Request Received: _____ Request Received by: _____

Payment Received on: _____ Date Completed: _____

Notes: