

TOWN OF SHEFFIELD

Request for Public Information

M.G.L. Chapter 4
M.G. L. Chapter 66

TO: **Keeper of the Records**

Date: _____

From: _____

Telephone # _____

PUBLIC INFORMATION REQUESTED (Please specify exact documents in detail)

FEES:

Research - Clerk's time at clerk's hourly rate

Copying -20 cents per page - single sided

Computer generated - 50 cents per page -single sided

FOR OFFICE USE ONLY

Date Information Released: _____

Fee Charged (if any): _____

Signature of record clerk: _____

Information given to: _____

(Attach all copies of written requests to this form.)

IF IN DOUBT AS TO WHETHER THE SUBJECT MATTER IS PUBLIC INFORMATION, CALL TOWN COUNSEL