

THE TOWN OF STOCKBRIDGE
50 Main St.
PO Box 417
Stockbridge, MA 01262

PUBLIC RECORDS REQUEST FORM

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 provide an estimate of fees required to fulfill the request.

Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.

Date of Request:

Description of Materials Sought:

Requestors Information:

Name of Requestor:

Firm / Company:

Address:

City:

State:

Zip:

Phone number:

Fax number:

Email:

Unless otherwise specified, electronic records will be provided where available. If you would like the record in an alternate form, please specify:

PHYSICAL COPY OF RECORDS

OTHER / ADDITIONAL INFORMATION:

OFFICE USE: Received by: Initial Response: Subsequent
Reviews:

Fees: Paid: Records Provided: