



City of Fall River Massachusetts

PUBLIC RECORDS REQUEST FORM

Responses to requests for public records shall be received within ten (10) business days. Responses may include an estimate of fees required to fulfill the request and/or request for additional information or clarification.

Requestor's information:

Name: _____

Address: _____

Tel. No.: _____

Fax No.: _____

Email: _____

Date of request: _____

Description of information sought (please be as specific as possible): _____

Official use only.

_____ Dept. Date _____

Received by _____

Fees associated with request: \$ _____ Paid on _____