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| **Public Records Request Form** | | | | | | | | | | | | | | | | | | | | |
| **TO BE COMPLETED BY REQUESTOR FOR PUBIC RECORDS – PART 1** | | | | | | | | | | | | | | | | | | | | |
| Name of Person and/or Agency Requesting Public Record: | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address of Person/Agency: | | | | Click here to enter text. | | | | | | | | | | | | | | | | |
| Telephone #: Click here to enter text. | | | | | | | Fax #: Click here to enter text. | | | | | | | E-mail address: Click here to enter text. | | | | | | |
| Description of Public Record Request: | | | | | | Click here to enter text. | | | | | | | | | | | | | | |
| **Please save and email this form to** [**slyons@lfdef.org**](mailto:slyons@lfdef.org)**, fax to 978.689.8133 or mail to LFD, Inc., Attn: Susan Lyons, Records Access Officer (RAO), 34 West Street, Lawrence, MA 01841. After the request has been processed, the RAC will email or mail the requested public records and a copy of this form signed and dated by the RAO acknowledging that the records were sent.** | | | | | | | | | | | | | | | | | | | | |
| **TO BE COMPLETED BY RECORDS ACCESS OFFICER** | | | | | | | | | | | | | | | | | | | | |
| Date Requested: | Click here to enter a date. | | | | Date Responded to Requestor: | | | | | | | Click here to enter a date. | | | Date Sent to Requestor:  (no later than 10 business days) | | | | | Click here to enter a date. |
| How was record sent? | | | Email Faxed  First Class Mail Picked Up | | | | | | | | | | | | | | | | | |
| Number of Hours required to fulfill the request: | | | | | | | | Click here to enter text. | | | Fee Charged:  Yes No | | | | | | Amount: | | | Click here to enter text. |
| **$.05 per copy or $25/hour (if time to prepare public record(s) is more than 4 hours)** | | | | | | | | | | | | | | | | | | | | |
| **I HAVE PROVIDED THE ABOVE RECORDS TO THE ABOVE REQUESTOR** | | | | | | | | | | | | | | | | | | | | |
| **Signature of Records Access Officer:** Click here to enter text. | | | | | | | | | | | | | | | | | | Click here to enter a date. | | |
| **TO BE COMPLETED BY REQUESTOR FOR PUBLIC RECORDS – PART 2 (AFTER RECEIPT OF PUBLIC RECORDS)** | | | | | | | | | | | | | | | | | | | | |
| **I HAVE RECEIVED THE ABOVE REQUESTED PUBLIC RECORDS FROM THE RECORDS ACCESS OFFICER** | | | | | | | | | | | | | | | | | | | | |
| **Signature of Requestor acknowledging receipt of requested public records:** Click here to enter text. | | | | | | | | | | | | | | | | | | Click here to enter a date. | | |
| **Please save, sign and date, email, fax OR mail this form to** [**slyons@lfdef.org**](mailto:slyons@lfdef.org)**, fax to 978.689.8133 or mail to LFD, Inc., Attn: Susan Lyons, Records Access Officer, 34 West Street, Lawrence, MA 01841 acknowledging that you have received the requested public records.** | | | | | | | | | | | | | | | | | | | | |
| **APPEALS (if applicable) to be filled out by for RAC only** | | | | | | | | | | | | | | | | | | | | |
| Request appealed:  Yes No | | | | | | | | | Date Request appealed: | | | | | | | Click here to enter a date. | | | | |
| Reason for Appeal: | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Date Records Access Officer petitions submitted request to the Supervisor of Records at the Division of Public Records | | | | | | | | | | | | | | | | | | | Click here to enter a date. | |
| Time awarded to comply with orders of the Supervisor of Records | | | | | | | | | | | | | Click here to enter text. | | | | | | | |
| Final decision of any court proceeding associated with a public records request Click here to enter text. | | | | | | | | | | | | | | | | | | | | |