

**TOWN OF MENDON
MASSACHUSETTS**



**PUBLIC RECORD REQUEST
FORM**

Completion of this form is optional, but assists us by identifying records requested, providing methods for communication with questions and specifying options for receipt of records

Record Requests must be submitted by one of the following methods:

1. By mail or in person
**Town of Mendon
Records Access Officer
20 Main St.
Mendon, MA 01756**
2. By Fax: **508 478-8241**
3. By Email: townclerk@mendonma.gov

Please call **508 473-1085**, or email townclerk@mendonma.gov, if you have questions.

Requesting records of _____
(Department or Committee) (Date)

Please describe record(s) requested (attach an additional page if necessary):

☐ I wish to receive record electronically by email (reasonable fees may apply)

☐ I wish to receive record on disc or USB drive (reasonable fees may apply)

☐ I wish to receive record in paper form (reasonable fees may apply)

☐ I will pick up (reasonable fees may apply)

☐ Please mail (reasonable fees may apply)

☐ Please fax (reasonable fees may apply) _____

Name: _____

Address: _____

Phone Number: _____

Email: _____