



Town of Boxborough

29 Middle Road
Boxborough, MA 01719

Public Records Request Form

All public records request will be responded to within ten (10) days after receipt of request.

Please be as specific as possible when requesting information:

Date of Request:

Description of
Materials Sought:
Use back of sheet,
or additional sheets
if necessary.

Format (please circle): 1. Paper copies 2. Email 3. Other (please specify):

Name of Requestor:

Address:

City:

State:

Zip:

Phone number:

Fax number:

Email:

OFFICE USE ONLY: Received by:

Initial Response:

FEES:

Copies	Paper size	# copies	Cost
	8 ½ x 11 @ \$.05		
	11 x 17 @ \$.10		
	Plotter Copy @ \$.50		
		#Hours	
Time	@ \$25/hr max		
		TOTAL:	