

**TOWN OF CHARLESTOWN  
REQUEST FORM FOR RECORDS  
UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date \_\_\_\_\_

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_  
\_\_\_\_\_

Telephone (optional) \_\_\_\_\_

Requested Records – be specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Request Taken By \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Records to be available by \_\_\_\_\_ Picked up or Mailed? \_\_\_\_\_

Costs: Copies \_\_\_\_\_ Search and Retrieval \_\_\_\_\_

Date that the records were picked up or mailed \_\_\_\_\_