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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****, 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****, 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. |