

**TOWN OF ACUSHNET  
PUBLIC INFORMATION REQUEST FORM**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**Please list the information that you are requesting in the space provided below:**

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**M.G.L. Ch. 66 Sec. 10 (a) states: “Every person having custody of any public record, as defined in Clause 26 of Section 7 of Chapter 4, shall, at reasonable times and without unreasonable delay, permit it, or any segregable portion of a record which is an independent public record, to be inspected and examined by any person, under his supervision, and shall furnish one copy thereof.....” (b) A custodian of public record shall, within 10 days following receipt of a request for inspection or copy of a public record, comply with such request.**

**Date called for pick-up:** \_\_\_\_\_ **By:** \_\_\_\_\_