



Town of Hubbardston

7 MAIN STREET - Unit 12
HUBBARDSTON, MASSACHUSETTS 01452

REQUEST FOR PUBLIC RECORDS

Circle One: Request to examine records OR Request for copies of records

Specific Records Requested: (Include board/committee name and document dates if applicable)

Circle your preferred method of receipt: Email Disk/Flashdrive Paper copies (Fax/pickup/mail)
(Requests to examine records will be accommodated at a mutually agreeable time during normal business hours.)

Print Requester Name or Organization: _____

Requester Signature: _____ Date: _____

Phone: _____ Email: _____

This request is made under Massachusetts Public Records Law (M.G.L. Chapter 66 §10) and the Federal Freedom of Information Act. Photocopies will be provided at \$.05 cents per page. When the request is for materials that are not susceptible to ordinary means of reproduction, such as photographs, plans or computer tapes and diskettes, the actual cost of reproduction and storage device may be assessed to the requester. A reasonable fee, using the hourly rate of the lowest paid employee within that department, for the time spent in reproduction of the responsive record may be assessed, as well as the actual cost of postage if applicable. If the cost is estimated to be more than \$10, the Records Access Officer (RAO) shall provide a written, good faith estimate of the applicable copying, search and segregation time fees to be incurred prior to complying with a public records request. *Disclaimer:* Fees assessed may change according to any changes to the Public Records Law and/or Public Records Access Regulations 950 C.M.R. 32:00.

Office Use Only:

Date received: _____ By: _____ Payment received: _____

Forwarded to (Dept Name): _____ Date: _____

Request: ☐ Approved: Conditions: _____

☐ Denied: _____

By: _____

Copy sent via (mail)(fax)(email)(in person)

Logged: _____