



**TOWN OF FOXBOROUGH  
PUBLIC RECORDS REQUEST**

Request#

DATE STAMP

**REQUESTOR- GENERAL INFORMATION**

NAME:

ADDRESS:

PHONE:

EMAIL:

DATE:

**RECORDS REQUESTED  
(PLEASE LIST WITH SPECIFICITY)**

Format Requested:  Paper Copy (\$0.05/per page)  Electronic  
 Other

Mail To/Email To:  Address Above  Other: \_\_\_\_\_

Total Charge (if any): \$ \_\_\_\_\_  
Payment Received \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Request Received: \_\_\_\_\_  
(if picked up) Name Date

*Every effort will be made to deliver record in format requested. Please allow a minimum of 10 business days to process your request per M.G.L. Ch. 66, Section 10.*