



CITY OF NEWBURYPORT

REQUEST FOR RECORDS

Please send form to Public Records, City Clerk's Office, PO Box 550, Newburyport, MA 01950
The City of Newburyport request that all record request be in writing. Please provide the following information:

Name and contact information of requester:	Name and address where records should be sent:
Name:	Name:
Company:	Address:
Phone:	City/Town:
Fax:	Zip:
E-Mail:	E-Mail:
	Fax:
Requested documents (please be specific and use back of form if needed):	

Fees:
Pursuant to M.G.L. c. 66, § 10, a custodian may charge \$0.20 per page for photocopies and \$0.50 per page for computer printouts. Additionally, the custodian may charge the hourly rate of the lowest paid employee capable of searching and segregating the documents. See 950 CMR 32.06(1)(c). Please make checks payable to the City of Newburyport.