



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760
Telephone: (508) 699-0110
Fax: (508) 699-0144

Date: _____

Amount: _____
Cash (receipt #) / Check #

Initials: _____
GeoTMS/Munis

PUBLIC RECORD INFORMATION REQUEST FORM TO VIEW/COPY

IN MAKING A REQUEST FOR PUBLIC RECORDS, PLEASE COMPLETE THIS FORM AS NEATLY AND ACCURATELY AS POSSIBLE SO THAT THE RECORDS YOU NEED MAY BE MADE AVAILABLE IN A TIMELY AND COST EFFECTIVE MANNER.

Date: _____

Name: _____

Address: _____

City _____ State _____

Phone Number:
(Home) _____ (Work/Cell) _____

Records Requested: _____

Note: As outlined in state law, there will be a charge for making copies of the records requested and an estimate will be provided. We may request prepayment if the cost is significant.

\$ 1.00 Per Document with an additional .10 ¢ per page after the first page.