

TOWN OF LOWELL

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ACCESS TO PUBLIC RECORDS REQUEST REQUEST NO___-_

NAME	PHONE
ADDRESS	*
DATE OF REQUEST	
INFORMATION REQUESTED	
Signature of Requestor:	
(Please Note: .25 fee will be cha *************************** INTER-OF DATE AND TIME REQUEST RECEIVED	**************************************
EMPLOYEE RECEIVING REQUEST	
RECORDS REVIEWED AND NON-DISCLOSA	ABLE INFORMATION EDITED BY
DATE AND TIME RECORD RELEASED	
RELEASED BY	
pages at .25 =	
Received by:	Date:

(Prepared pursuant to IN CODE 5-14-3)