



TOWN OF  
**LOWELL**  
CULTIVATING COMMUNITY

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## Access to Public Records Request

Request No.: \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Information Requested \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor \_\_\_\_\_

(Please Note: a .25 fee will be charged for each page of information copied/provided)

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Date Request Received \_\_\_\_\_ Time \_\_\_\_\_

Employee Receiving Request \_\_\_\_\_

Records reviewed and  
non-disclosable information edited by: \_\_\_\_\_

Date records released \_\_\_\_\_ Time \_\_\_\_\_

Released by \_\_\_\_\_

Total pages included in release \_\_\_\_\_ X .25 each page = \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_