



TOWN OF MARION

2 Spring Street
Marion, MA 02738

To: Keeper of Records

Date Requested: _____

Requestor: _____

Address: _____

Telephone: _____

Specific information requested

Signature: _____

<i>Office Use Only</i>
Dept Head approval: _____
Date Approved _____
Date info released: _____
Fee charged: _____
Signature of record keeper: _____

Receipt for Information

I hereby acknowledge receipt of information requested on _____

Signature of requestor: _____