TOWN OF MARION

2 Spring Street
Marion, MA 02738

To: Keeper of Records Date Requested: _____

Requestor:_____

Address:_____

Telephone:_____

Specific information requested

_____
_____
_____
_____
_____

Signature:_____

Office Use Only

Dept Head approval:_____

Date Approved_____

Date info released:_____

Fee charged:_____

Signature of record keeper:_____

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Receipt for Information

I hereby acknowledge receipt of information requested on _____

Signature of requestor:_____