

PUBLIC RECORDS REQUEST FORM

BEFORE MAKING YOUR REQUEST, PLEASE CONSULT THE DISTRICT ATTORNEY'S GUIDELINES FOR PUBLIC RECORDS REQUESTS

To: Records Access Officer
Middlesex District Attorney's Office

From: Name _____
Street Address _____
City/Town, State, Zip Code _____
Email _____
Telephone number (optional) _____

This is a request under the Massachusetts Public Records Law (G. L. c. 66, § 10) for copies of records pertaining to:

Commonwealth v. _____

Docket # _____ OR

Investigation and date of incident _____ OR

Other: _____.

I request the following specific record(s):

I prefer to receive any released records (check one):

By mail (you may be charged for postage) _____

By email (if the records are available in electronic form) at the above address _____

Call the above phone number and I will pick up the records _____

I recognize that you may charge reasonable costs for copies, photographs, computer disks, or personnel time needed to comply with this request in accordance with G.L. c. 66, § 10(d) and that I may be required to pay in advance. This Office will notify you in writing of any charge associated with the request. If you cannot comply with my request, please provide an explanation in writing.

Sincerely,

For office use only:
Records request # _____
Date received: _____
ADA assigned: _____