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**PUBLIC RECORDS REQUEST FORM**

**All public records requests will be responded to within ten (10) days after receipt with an initial response and/or payment summary.**

Pursuant to Public Records law 950 CMR 32, all exemptions from disclosure will be redacted from any and all material released.

An estimate of costs involved will be sent to you as part of your public records request.

We request you supply the information as noted below. The form is provided for your convenience.

DATE:

**LICENSEE INFORMATION:**

CORPORATION NAME:   
DBA:   
ADDRESS OF LICENSEE:   
CITY:  STATE:  ZIP:

**REQUESTOR INFORMATION:**

NAME OF REQUESTOR:   
FIRM/COMPANY:   
ADDRESS OF REQUESTOR:   
PHONE NUMBER:  FAX NUMBER:   
CITY:  STATE:  ZIP:   
EMAIL:

COPY OF RECORDS (\$0.05 PER PAGE, PLUS SEARCH AND REDACT FEES.  
The first 4 hours of search/redaction/review time are no charge.)

**PLEASE BE AS SPECIFIC AS POSSIBLE WHEN REQUESTING INFORMATION:**

OTHER / ADDITIONAL INFORMATION:

PLEASE NOTE: THE ABCC REQUIRES PAYMENT IN FULL BEFORE DOCUMENTS ARE COPIED AND REDACTED.

If you would like to submit the request via e-mail please send to: [abccrecordrequests@tre.state.ma.us](mailto:abccrecordrequests@tre.state.ma.us).

<http://www.sec.state.ma.us/pre/prepdf/guide.pdf>

For ABCC Use Only:  
Initial Letter Sent:  Payment Summary Sent:  Redacted:  Reviewed:  Complete: