

PUBLIC RECORDS REQUEST FORM

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

To: Records Access Officer  
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. If you cannot comply with my request, please provide an explanation in writing.

Sincerely,

\_\_\_\_\_

*For office use only:*

Records request # \_\_\_\_\_

Date received: \_\_\_\_\_

ADA assigned: \_\_\_\_\_