



TOWN OF CHESTER  
TOWN CLERK  
15 MIDDLEFIELD ROAD  
CHESTER, MA 01011

**PUBLIC RECORDS REQUEST**

**All public records requests will be responded to within ten (10) business days after receipt of request. We will contact the requesting party if further time is necessary, additional information is required, or with an estimate of fees required to fulfill the request.**

DATE OF REQUEST: \_\_\_\_\_

REQUESTING PARTIES INFORMATION

NAME: \_\_\_\_\_

FIRM/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF INFORMATION SOUGHT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE: Received by: \_\_\_\_\_ Response Date: \_\_\_\_\_ Records Provided: \_\_\_\_\_

Notes: \_\_\_\_\_