



TOWN OF ACTON
472 MAIN STREET
ACTON, MASSACHUSETTS, 01720
TELEPHONE (978) 264-9615
FAX (978) 264-9630

INFORMATION REQUEST FORM

IN ORDER TO COMPLY WITH YOUR REQUEST, WE WILL NEED THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____

E-MAIL: _____

ORGANIZATION YOU REPRESENT, IF APPLICABLE: _____

FULL DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING, PLEASE BE SPECIFIC, ALONG WITH WHAT THE INFORMATION WILL BE USED FOR. (THIS WILL ASSIST IN GATHERING THE INFORMATION)

THE FEE FOR PROCESSING THE DATA THAT YOU ARE REQUESTING MAY VARY ACCORDING TO THE REQUIRED COMPUTER AND/OR PERSONNEL TIME INVOLVED AS WELL AS SUPPLIES USED.

ALL CHECKS SHOULD BE MADE PAYABLE TO THE **TOWN OF ACTON**.

WE WILL CONTACT YOU WHEN THE INFORMATION/DATA HAS BEEN COMPILED.
PLEASE ALLOW UP TO (10) TEN DAYS TO FULFILL YOUR REQUEST.

SIGNATURE

DATE