



## City of Fitchburg Open Records Request

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

Requestor's Name:(optional for mailing)\_\_\_\_\_

Agency:(optional for mailing)\_\_\_\_\_

Address:(optional for mailing)\_\_\_\_\_

City:\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

E-Mail Address:(optional for mailing)\_\_\_\_\_

Telephone Number:(optional for calling when ready)\_\_\_\_\_

Records Sought (Be as specific as possible) MANDATORY\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for request:(optional)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor (optional)

### For Office Use Only

Date Received\_\_\_\_\_ Received by\_\_\_\_\_

Granted\_\_\_\_\_ Denied\_\_\_\_\_

Reason for denial\_\_\_\_\_

\_\_\_\_\_

Number of copies made\_\_\_\_\_ Cost\_\_\_\_\_

Time taken to fill request\_\_\_\_\_ Date Completed/Closed\_\_\_\_\_

Signature of person filling request\_\_\_\_\_