



**TOWN OF BOXBOROUGH  
PUBLIC RECORD REQUEST FORM**

DATE REQUESTED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SUPPLICANT INFORMATION:**

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

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

TELEPHONE: \_\_\_\_\_

**REQUEST INFORMATION:**

PUBLIC RECORD REQUESTED: \_\_\_\_\_

RECORD NUMBER: \_\_\_\_\_

NAME, D/O/B OF INVOLVED PERSON: \_\_\_\_\_

DATE OF INCIDENT/ARREST: \_\_\_\_\_

**FORM OF RECORD (if available): PLEASE CHECK BOX**

- COPY OF RECORD: (COST PER PAGE: \$0.20)  
NUMBER OF PAGES: \_\_\_\_\_ X \$0.20 = \$ \_\_\_\_\_
- AUDIO TAPE: (COST PER TAPE: \$10.00)  
NUMBER OF TAPES: \_\_\_\_\_ X \$10.00 = \$ \_\_\_\_\_
- ELECTRONIC FORMAT: (COST T.B.D.)

**HOURLY (TIME) CHARGE FOR COMPILATION AND COPYING OF RECORDS (if applicable):**

NUMBER OF HOURS: \_\_\_\_\_ X \$ \_\_\_\_\_/hour = \$ \_\_\_\_\_

If you have been charged with a crime or infraction all copies of your report must be requested by you, to the **District Attorneys Office.**

\_\_\_\_\_  
SIGNATURE OF SUPPLICANT

\_\_\_\_\_  
SIGNATURE OF MEMBER OR STAFF

**Information in existence at the time of request will be made available.  
Special reports will NOT be created.**