

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,

*The submit button will not work in Chrome and Firefox. Please save locally and attach to an email.

For office use only:
Records request # _____
Date received: _____
ADA assigned: _____