



City of Fitchburg Open Records Request

Date: _____

Property Address (records being sought for) _____

Requestor's Name (Optional for mailing): _____

Agency (Optional): _____

Address (Optional): _____

Telephone Number: (optional for calling when ready) _____

Records Sought (Be as specific as possible) MANDATORY _____

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 _____