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## INSTRUCTIONS AND INFORMATION

All requests for public records must be made in writing and must be as descriptive and specific as possible in order to determine if the records requested are public domain and to help reduce search times.

All requests will be responded to within Ten days upon receipt of request as required by 950 CMR 32.05.

The following charges and fees will apply:

### **Copy Fees:**

All computer printouts will be charged a fee of \$.50 per page.

All copies will be charged a fee of \$.20 per page.

If a document cannot be duplicated by ordinary means, the fee will be for actual cost of duplication.

### **Search and Postage Fees:**

In addition to copy fees, search time for locating, pulling, copying, and re-shelving of records will apply. This will be charged at the hourly rate of the lowest paid employee capable of performing the service.

The cost of actual postage will also be charged.

### **Estimate and Payment:**

Any cumulative fee estimated to be more than \$10.00 will be required to be paid in advance. This estimate will be made in writing and will describe expected costs. In the event that the estimated amount varies from the actual amount, an adjustment will be made at the time of distribution of the requested records.

Any cumulative fee estimated to be less than \$10.00 will be required at the time of distribution of the requested records.

# LANCASTER SEWER DISTRICT COMMISSION

## PUBLIC RECORDS REQUEST FORM

Established In 1967 By  
A Special Act Of The  
Massachusetts Legislature

Phone: (978) 365-7016  
FAX: (978) 365-9792

TO THE KEEPER OF RECORDS:

I RESPECTIVELY REQUEST COPIES OF THE FOLLOWING DOCUMENTS, PURSUANT  
TO SECTION 10 OF CHAPTER 66 OF THE GENERAL LAWS OF MASSACHUSETTS:

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I REQUEST THAT THESE RECORDS BE FORWARDED TO:

STREET: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

RECORDS REQUESTED BY: \_\_\_\_\_  
(please print first and last name clearly)

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

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PLEASE DO NOT WRITE BELOW THIS LINE

REQUEST RECEIVED BY: \_\_\_\_\_  
DATE AND TIME RECEIVED: \_\_\_\_\_

### Charges

Copy Fees:  
No. of Pages: \_\_\_\_\_ Rate: \_\_\_\_\_ Sub-Total: \_\_\_\_\_

Search Fees:  
Hours \_\_\_\_\_ Rate: \_\_\_\_\_ Sub-Total: \_\_\_\_\_

Postage: \_\_\_\_\_ Sub-Total: \_\_\_\_\_

Total Cost of Records: \_\_\_\_\_