



# TOWN OF LENOX

Office of the Town Clerk  
(413) 637-5500 ext. 1207  
[ksullivan@townoflenox.com](mailto:ksullivan@townoflenox.com)

## PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) days after receipt of request.  
Responses may indicate further time is necessary, additional information is required, or  
an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.

Date of Request:

Description of  
Materials Sought:

Requestors Information:

Name of Requestor:

Firm / Company:

Address:

City:

State:

Zip:

Phone number:

Fax number:

Email:

Please be as specific as possible when requesting information:

☐ COPY OF RECORDS (.05 per page plus search, redact and/or copy fee)

☐ OTHER / ADDITIONAL INFORMATION:

**10th Day to Respond by:** \_\_\_\_\_

OFFICE USE: Received by:  Initial Response:  Subsequent Reviews:

Fees:  Paid:  Records Provided: