



## INFORMATION REQUEST FORM

**Board of Selectmen**

nreid@newmarlboroughma.gov

Phone 413.229.8116

Fax 413.229.6674

**Town Clerk**

kchretien@newmarlboroughma.gov

Phone 413.229.8278

Fax 413.229.6674

Requestor Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Information Requested \_\_\_\_\_

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-----FOR TOWN HALL OFFICE USE ONLY-----

Walk In \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date Received \_\_\_\_\_

Date Fulfilled \_\_\_\_\_

Time Frame to Complete Request \_\_\_\_\_

Fulfilled by \_\_\_\_\_

Routed to  
Dept/Div.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_