



PUBLIC RECORDS REQUEST FORM

NORFOLK DISTRICT ATTORNEY'S OFFICE

BEFORE MAKING YOUR REQUEST, PLEASE CONSULT THE NORFOLK DISTRICT ATTORNEY'S OFFICE GUIDELINES FOR PUBLIC RECORDS REQUESTS

To: Records Access Officer, Norfolk District Attorney's Office

From: Name _____

Street Address _____

City/Town, State, Zip Code _____

Email _____

Telephone number _____

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

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.

Electronic Signature: /S/ _____

(Please type your name) By typing my name on the above line, I attest that this is my signature.

For office use only:

Records request # _____ Date received: _____

ADA assigned: _____

SUBMIT