

**TOWN OF BEDFORD
MASSACHUSETTS**



**PUBLIC RECORD REQUEST
FORM**

Completion of this form is optional, but assists us by identifying records requested, providing methods for communication with questions and specifying options for receipt of records

Record Requests must be submitted by one of the following methods:

1. By mail or in person
**Town of Bedford
Records Access Officer
10 Mudge Way
Bedford, MA 01730**
2. By Fax: **781-275-5757**
3. By Email: Clerk@bedfordma.gov

Please call **781-275-0083**, or email Clerk@bedfordma.gov, if you have questions.

Requesting records of _____
(Department or Committee) (Date)

Please describe record(s) requested (attach an additional page if necessary):

- ☐ I wish to receive record electronically by email
- ☐ I wish to receive record on disc or USB drive
- ☐ I wish to receive record in paper form
- ☐ I will pick up
- ☐ Please mail
- ☐ Please fax (Provide fax number) _____

Name: _____

Address: _____

Phone Number: _____

Email: _____