



**City of Fall River
Board of Elections Department**

PUBLIC RECORDS REQUEST FORM

*Responses to requests for public records shall be received within **ten (10) business days**. Responses may include an estimate of fees required to fulfill the request and/or request for additional information or clarification.*

REQUESTOR'S INFORMATION:

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Date of Request: _____

Description of Information Sought (Please be as specific as possible): _____

For Official Use Only

PRR Completed On: _____ **Fees Associated with Request:** _____

Paid On: _____ **Received By:** _____

Please email your Public Records Request to rl Lyons@fallriverma.gov.