

Deerfield Record Request

Please return to:

townclerk@town.deerfield.ma.us

Date of request: _____ Initials of person taking request: _____

IN-PERSON PHONE EMAIL/ON-LINE

Name of person making the request: _____

Contact Information - Phone and Email: _____

Type of record/s being requested:

Department/s maintaining record:

Date of record/event: _____

of copies: _____

NOTES:

Date the document is needed: _____

Date request filled: _____

*Must be completed within 10 business days

Contact made with requestor: _____