

**Town of Leverett**  
**Records Access Application**

Return completed application to:  
Leverett Town Clerk  
PO Box 300  
Leverett, MA 01054

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**Please complete all applicable information as explicitly as possible, unless there is an attachment specifically detailing your request.**

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I request a *copy* of the following records

I request to see the following records

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Name (Please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_  Electronic response preferred

Mailing address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***FOR MUNICIPAL USE ONLY***

Approved

Denied (Reason)

Confidential Disclosure

Part of Investigatory Files

Unwarranted Invasion of Personal Privacy

Records Cannot Be Located

Record Not Maintained By This Office

Exempted By Statute Other than the Freedom of Information Act

Other (specify) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Notice to applicant*