



CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3625 TDD (508) 460-3610

Robin Williams, Chair
John Curran, MD, Vice Chair
James Griffin, Member
Tel (508) 460-3751

PUBLIC RECORD REQUEST

Date: _____

I am requesting: (Check one.)

To View Files (in Board of Health, Lower Level)

Copies of all records available concerning the follow locations(s)/lists:

Requestor Name: _____

Company Name: (if applicable) _____

Address: _____

Phone No. _____ Fax No. _____

Email: _____

Please be advised that the Health Department strongly recommends that you schedule a time to review these records in our office so that you will not be charged for irrelevant documents. **Please contact us to arrange a time to view the files prior to arriving.**

Fees charged for this service:

- Twenty cents (.05¢) per page for photocopies of a general public record plus postage fees.
- A prorated fee of \$5.25 to be charged in 15 minute increments for search and segregation time.

Additionally, prior to mailing said document(s) the Marlborough Health Department must be in receipt of all associated fees. Should you have any questions, please call the Health Department at (508) 460-3751.