



# City of Marlborough POLICE DEPARTMENT

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DAVID A. GIORGI  
Chief of Police

## PUBLIC RECORDS REQUEST

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

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State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Request:

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\_\_\_\_\_  
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Please describe in what manner you would like the information disseminated to you (email, hard copies).

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Email: \_\_\_\_\_

### (OFFICIAL USE ONLY)

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Date Completed: \_\_\_\_\_



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This Public Records Request will be directed to the City of Marlborough Police Records Access Officer: Ashley Cartier - Contact Email is [acartier@marlborough-ma.gov](mailto:acartier@marlborough-ma.gov)