



PRR No.: _____

City of Marlborough
Office of the City Clerk

140 Main Street
Marlborough, Massachusetts 01752
Telephone (508) 460-3775 Facsimile (508) 460-3723

Steven W. Kerrigan
City Clerk

Wilson Chu
Assistant City Clerk

PUBLIC RECORDS REQUEST

Date of Request: _____

Requestor's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email address: _____

Description of Request: _____

Select all related Department(s):

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> City Clerk |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Unknown | |

Please indicate in what manner you would like the information disseminated to you.

- ☐ Hard copies sent by mail.
- ☐ View in person at City Offices (An appointment will be scheduled when files are available)
- ☐ Email records (Use email address from above)

Please complete this form and return it to the City Clerk's Office. You may also email the form to cityclerk@marlborough-ma.gov.