## METROWEST REGIONAL TRANSIT AUTHORITY



Public Transportation System
15 Blandin Avenue
Framingham, MA 01702
Ph. (508) 935 2222 Fax (508) 935 2225 www.mwrta.com

## MWRTA PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) business days after receipt of request. Responses may indicate if further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Re	cords Law all ex	xemptions will be redacted	i from any and all material being released.
Date of Request:			
Description of Materials Sought:			
Requestors Informati	ion (Optional):		
Name of Requestor:			
Firm / Company:			
Address:			
City:		State:	Zip:
Phone Number:	Fax Number:		
Email: _			
All info			nen requesting information. hen available, unless otherwise requested
OFFICE USE: Receive	d by:	Initial Response:	_ Subsequent Reviews:
Fees:		Paid:	_ Records Provided:

Please return completed form to the MWRTA address above or email to <a href="mailto:eva@mwrta.com">eva@mwrta.com</a> (6/2017)