



**BOARD OF ASSESSORS
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INFORMATION REQUEST

Please be aware that per Massachusetts General Law (G. L. c 66, § 10) this office has up to 10 calendar days to fulfill this request. You will be contacted by phone when the requested information is ready for viewing or pickup.

Date: _____

Requested by: _____

Address: _____

Telephone #: _____

Document(s) Requested:

Do you need copies? YES* NO (View only)

Date request received: _____ Date of decision to approve or deny: _____

Request approved: _____ Request denied: _____

Signature of record custodian: _____

Reasons for approval or denial:
