Boston Inspectional Services Department

Thomas M. Menino
Mayor

Public Records Request Form
M.G.L. c. 66, s. 10

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Contact Number: (_____) _____

Please Check: Owner ☐ Occupant ☐ Legal Representative ☐

News Media ☐ None of the above ☐

Please indicate location of the property for which you are requesting records.

Address: _____

Neighborhood: _____ Ward _____

Business Name (if applicable): _____

I am requesting records from the following division(s):

Building ☐ Environmental Services/ Code Enforcement ☐ Health ☐

Housing ☐ Legal ☐ Weights and Measures ☐

Please identify the documents requested, including the relevant time frame of the request:

_____

_____

_____

Signature: _____

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