Consumer Affairs and Licensing

Mayor Martin J. Walsh

REQUEST TO INSPECT RECORDS

REQUESTOR INFORMATION

NAME (please print): _____

ADDRESS: _____

TELEPHONE NO.: _____ EMAIL: _____

RECORDS REQUESTED

1. NAME AND ADDRESS OF LICENSED ESTABLISHMENT YOU ARE REQUESTING TO INSPECT RECORDS OF:

_____

2. I HEREBY: REQUEST PHOTOCOPIES OF SPECIFIC DOCUMENTS WITHIN THE FILE (25¢ per page – please describe documents requested. Request to review the full file are made by appointment only)

_____

_____

_____

_____

SIGNATURE _____

DATE OF REQUEST _____

The Mayor's Office of Consumer Affairs & Licensing will respond to Requests to Inspect Records within 10 days. Thank you.

(FOR OFFICE USE ONLY)

DATE/TIME OF APPOINTMENT: _____
ASSIGNED TO: _____
DATE COMPLETED: _____

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