

TOWN OF HATFIELD MASSACHUSETTS

TOWN CLERK ALAINA E. WILCOX
Assistant Town Clerk Karen Karowski
Memorial Town Hall 59 Main Street Hatfield, MA 01038

PHONE: 413-247-0492 FAX: 413-247-5029 EMAIL: townclerk@townofhatfield.org

PUBLIC RECORDS LAW Public Records

**Please note that some of the attached websites are not up to date. As soon as the Secretary of States website are updated, these will be updated.

In July of 2016, Gov. Charles Baker signed a bill, Chapter 121 of the Acts of 2016, "An Act to Improve Public Records". This Bill took effect on January 1, 2017. Listed below are the Records Access Officers for the Town of Hatfield, also known as "RAO":

Chief RAO: Town Clerk, Alaina E. Wilcox townclerk@townofhatfield.org
School Department RAO: Riley Malinowski rmalinowski@hatfieldps.net
Police Department RAO: Lt. Michael Dekoschak mdekoschak@hatfieldpolice.com
Fire Department RAO: Chief Robert Flaherty bflaherty@townofhatfield.org

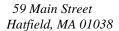
General RAO: TA, Marlene Michonski townadministrator@townofhatfield.org

Attached are helpful links:

- A Guide to Massachusetts Public Records Law: guide.pdf (state.ma.us)
- Making a Request for Public Records: Click Here
- Appeal a Denial of Access to Public Records: Click Here
- Electronic Records management Guidelines: Click Here
- Public Record Appeal Status: Click Here
- Public Records Access, 950 CMR 32: Click Here

The form "Public Records Request Form", follows below; print it, fill it out and send to either to the Town Clerk's Office or the proper department.

If you have any questions, please do not he sitate to contact the Town Clerk's office.





Town of Hatfield Commonwealth of Massachusetts

PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) days after receipt of request.

Responses may indicate further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples.

| Pursuant to Public Records Law all exemptions will be redacted from any and all material being released. | |
|---|---------------------------|
| Date of Request: | |
| Detailed Description of Information you Are seeking: | |
| Requestors Information | on: |
| Name of Requestor: | |
| Firm / Company: | |
| Address: | |
| City: | State: Zip: |
| Phone number: | Fax number: |
| Email: | |
| Please be as specific as possible when requesting information: COPY OF RECORDS (.05 per page plus search, redact and/or copy fee) OTHER / ADDITIONAL INFORMATION: | |
| OFFICE USE: Received | d by: Subsequent Reviews: |
| Fees: | Paid: Records Provided: |