City of Marlborough, Massachusetts
CITY CLERK DEPARTMENT

Lisa M. Thomas
City Clerk

PUBLIC RECORDS REQUEST

Date of Request: _____

Requestor's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Description of Request: _____

_____

Please describe in what manner you would like the information disseminated to you (email, hard copies).

_____

_____

Email: _____

(OFFICIAL USE ONLY)

Assigned to: _____

Date Completed: _____

Click to Submit

This Public Records Request will be directed to the City of Marlborough Records Access Officer City Clerk Lisa M. Thomas Contact Email is: cityclerk@marlborough-ma.gov

Marlborough City Clerk's Office ▪ 140 Main St. ▪ Marlborough, Massachusetts 01752
Telephone (508) 460-3775 ▪ Fax (508) 460-3723