



FREEDOM OF INFORMATION ACT REQUEST FORM

DATE OF REQUEST: March 5, 2025

NAME: Edwin Chadwick

ADDRESS: MuckRock News Dept MR182497, 263 Huntington Ave

CITY: Boston STATE: MA ZIP: 02115

PHONE NUMBER: 617-299-1832 EMAIL: 182497-86493956@requests.muckrock.com

SIGNATURE: Miranda Carruth on behalf of Edwin Chadwick

INFORMATION REQUESTED (please be as specific as possible): Please see the attached request.

(attach additional pages as necessary)

Public records will be made available for inspection and/or copying. Privacy data will be protected.

Copy Costs and Charges

Copies One Dollar (\$1.00) for the first page and Ten Cents (10¢) per page thereafter.

Research A minimum charge of Fifteen Dollars (\$15.00) per hour for staff time. Department Head hourly rate is based on actual compensation.

NOTE: Some requests may require a good faith deposit if the number of copies is significant or if an unusual amount of staff time is required. Advance notices will be made if a good faith deposit is required.

WARNING:

- Section 30-2-50. (A) A person or private entity shall not knowingly obtain or use personal information obtained from a state agency, a local government, or other political subdivision of the State for commercial solicitation directed to any person in this State. (B) Each state agency, local government, and political subdivision of the State shall provide a notice to all requestors of records pursuant to this chapter and to all persons who obtain records pursuant to this chapter that obtaining or using public records for commercial solicitation directed to any person in this State is prohibited. (C) All state agencies, local governments, and political subdivisions of the State shall take reasonable measures to ensure that no person or private entity obtains or distributes personal information obtained from a public record for commercial solicitation. (D) A person knowingly violating the provisions of subsection (A) is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed five hundred dollars or imprisoned for a term not to exceed one year, or both.

FOR OFFICE USE ONLY

REQUEST ASSIGNED TO: DATE OF COMPLETION:

DATE OF ASSIGNMENT: FEE FOR SERVICES:

DATE RESPONSE DUE: METHOD OF PAYMENT: