

Lowell Public Library

**Request for Public Records
Staff Action Form**

Date Request Received _____

Time Received _____

By _____

Staff Member

Action:

Staff Member Filling Request _____

Copy or Original (circle one)

Original inspected and intact when returned Yes _____
No _____

Fee for copies collected
Yes _____ No _____

Date Filled _____

Time Filled _____

Attach to request form