



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: _____