

TOWN CLERK'S OFFICE
Town of Holland 413.245.7108 ext.12
GENERAL REQUEST FORM BY MAIL

You may use the form below to request a copy of a document that you know is on file in this office, and for which you have determined the correct fee. Please complete this form and return it, together with a self-addressed, stamped envelope and a check made payable to the "Town of Holland" for the correct amount. Please contact our office if you do not know the correct amount before mailing the request. Mail your request to:

BOARD of APPEALS

"20-Day Certification of No Appeal"

NAME of APPLICANT: _____

ADDRESS: _____

DATE of FINDINGS: _____ FEE: \$15 _____

OTHER DOCUMENT(S)

DESCRIPTION (Please be specific):

Amount Enclosed: \$ _____

Should we need to contact you regarding this request, please complete the following:

Name of Requestor: _____

Mailing Address: _____

Telephone Number: _____

FOR OFFICE USE ONLY

Date Received: _____ Correct Fee: (Yes) _____ (No) _____

Person Contacted: _____ Result: _____

Initial Response: _____ Final Response: _____

Town Clerk's Office

Town Hall

27 Sturbridge Road

Holland, MA 01521