



City of Lawrence
Office of the City Clerk
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Lawrence Massachusetts 01840

WILLIAM LANTIGUA
MAYOR

WILLIAM J. MALONEY
CITY CLERK

CAROLE MORIN
ASSITANT CITY CLERK

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(PLEASE PRINT OR TYPE)

REQUEST NO: 20___ DVD _____

DATE OF REQUEST: _____

Name: _____

Address: _____ City _____ State _____

Tel. No: _____ Fax: _____ E-Mail _____

*** ONLY DVD COPIES ARE AVAILABLE**

How many copies are needed: _____ [\$10.00 per DVD - payable upon placing order]

Name of Board or Panel Recorded [ie: City Council, Ordinance Committee, Personnel Committee, etc.]

Date of Meeting: _____ Approx. Time Meeting Began: _____ [am/pm]

FOR CITY CLERK STAFF USE ONLY

Amount Received at time or Order: (\$10.00 per DVD): _____

*No less than \$10.00 or \$10.00 for each estimated number of DVD's

Staff Receiving Request and Initial Payment: _____ [Initials: _____]

Date Sent for processing: _____ [Staff Initials: _____]

Date: _____ DVD Received from Processing [Staff Initials of Receipt: _____]

Date: _____ Requestor was notified [Staff Initials: _____]

Date DVD Delivered: _____ Total Amount paid: _____

Total Amount due (Total less amount Received) (\$10.00 per DVD): _____

Initial of Staff completing delivery/Receiving pmt: _____