Exhibit 11

TOWN OF BERKLEY
MASSACHUSETTS

Information Request Form

To: Board of Selectmen (All) Town Council Also
Record Liaison Officer/Department Head Department

From: WENDY Cochrane
Name

520 Berkley St
Address

Berkley MA 02779
City/State/Zip

508-802-1263
Telephone Number

RECEIVED
MAR 28 2024
TOWN CLERK
BERKLEY, MASS

Date: 3/28/24

Information Requested: (Copies) Viewing

Description of Documents/Information: I am requesting any and all ways of Correspondence and opinions from any department heads or employees Regarding the Town Admin + Assist Town Admin to include recap of Verbal Questions + Conversation

Fees in accordance with Massachusetts General Laws, Chapter 66, Title X, Public Records, and 90 C C.M.R., as posted in the Berkley Town Office Building, Town Clerk's Office. A custodian of a public record shall, within 10 days following receipt of a request for inspection or copy of a public record, comply with such request.

Signature of Person Requesting Information

FOR OFFICE USE ONLY

Number of Pages: _____ Cost: _____

Research Fee (minimum of 1 hour, if applicable) Total Time: ____ Cost (If Applicable): ____

TOTAL AMOUNT DUE: _____ Project Picked Up: _____

Remarks: _____

_____ _____
Signature Title