

December 23, 2013

Attn: Massachusetts Public Records Request
Mr. Igor Kuprycz, Chairman
Town of Warren
d/b/a/ Warren Community Access Television (WCAT 12)
PO Box 609
Warren, MA 01083-0609

RE: Official "PUBLIC RECORDS REQUEST"

To the "Keeper of Public Records (i.e. video footage of a Public Meeting)", **Igor Kuprycz**:

This is a formal written request under the provisions of Massachusetts General Laws (MGL) Chapter 66; Section 10, it is requested you provide a copy of the following record(s) be released to my custody within ten (10) calendar days to comply with Massachusetts State law:

Location of Incident: Within the town limit jurisdiction of Warren, Massachusetts.

SEEKING THE FOLLOWING TOWN OF WARREN PUBLIC RECORDS:

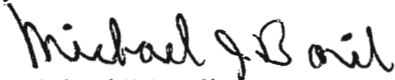
1. Seeking copy of the "Board of Selectmen meeting (a public meeting held in a Massachusetts public municipal building) on Monday, 12/23/13", specifically looking for the following:
 - a) One (1) copy of the "**entire meeting/program that aired live out on cable access**".
 - b) One (1) copy of "**each media recording device (i.e. cassette tape, CD, DVD or card) for EVERY camera present in the room at the time of the live broadcast, including audio**", {if this is applicable}. If each camera does not independently record its own footage, which means each camera video feed goes upstairs to your control room, and each camera is not independently recorded there – than disregard this "line item b)". I just need "line item a)" the recording of what left the control room out live to the Town.

This completes my public records request for now. I recognize that you may charge reasonable costs for photocopies, etc. to comply with my request. The law states I must be provided with this information with ten (10) calendar days following the request for the Town of Warren to comply with MGL Chapter 66; Section 10(b) where is clearly stated.

Please provide the Town owned public record(s) to me and I will personally come and pick them up. You absolutely can call me locally, (413) 436-7880 [REDACTED]

I also certify the content in this document are true statements and correct to the best of my ability in stating the facts for this formal request of Town owned public records.

Respectfully Submitted,


Michael J. Baril
P.O. Box 542
Warren, MA 01083-0542

Cc: Board of Selectmen



REQUEST FOR COPY OF TAPED PROGRAM
FROM WCAT CHANNEL 12, WARREN

1. Check for \$15.00 made out to WCAT Channel 12 Scholarship Fund
(Check must be included with original request)
2. Fill out form with name, date of game, Board of Selectmen's Meeting,
School Committee Meeting, Community event, etc.,
3. Give a minimum of 2 weeks notice, send/bring copy of request form
with check to WCAT 12 at Shepard Municipal Building or mail to
P.O.Box 609, Warren, 01083
4. Request will be honored for 4 weeks and then original tape will be
returned to our digital files.
5. Tapes are mini DV type, @ \$15.00 per tape
6. Give name of contact person and phone number so we can notify them
when the taped copy is ready

Date..12/23/13..... Name of Event... BOS Mtg - Mon, 12/23/13
 Contact..Michael Baril..... Phone Number... 413-436-7880

Visit our Website for copies of form and catch up on what Channel 12 is
doing to stay current with our community!



MICHAEL J. BARIL
P.O. BOX 542
WARREN, MA 01083-0542

1742

DATE 12/23/13

PAY TO THE ORDER OF

WCAT Channel 12 Scholarship Fund \$ 15.00
Fifteen and 00/100

DOLLARS

Security Features Included. Details on Back.

MEMO

Records Request Michael J Baril

CERTIFIED MAIL™

Michael J. Baril
P.O. Box 542
Warren, MA 01083-0542



7010 1870 0001 8988 0459

ATTN: MA PUBLIC RECORDS REQUEST
WCAT 12 – IGOR KUPRYCZ, CHAIRMAN
TOWN OF WARREN
PO BOX 609
WARREN MA 01083-0609

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Records Request
Igor Kuprycz, Chairman
WCAT 12
PO Box 609
Warren, MA 01083-0609

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X Agent Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7010 1870 0001 8988 0459

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>Records Request Igor Kuprycz, Chairman WCAT 12 PO Box 609 Warren, MA 01083-0609</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1870 0001 8988 0459</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>WCAT 12 Public Records Request Warren BOS (C.A.) PO Box 609 Warren, MA 01083-0609</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1870 0001 8989 4999</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



MICHAEL BARIL [REDACTED]

Michael Baril Request for BOS Mtg: Mon, 12/23/13

1 message

CMPSA - MICHAEL BARIL [REDACTED]

Wed, Jan 8, 2014 at 12:48 AM

To: wcat12@comcast.net, studio@wcat12.com

Hi Igor:

You did call me Tuesday night (7:15pm) to inform me that you were going to look for that meeting.

I have an additional request, which is simple. At some point soon, I would like to come visit your studio, and have you briefly show me the "control room" equipment. I would like to better understand how the camera video feeds come to the video mixer, and what is the actual device that records the outbound feed out to ComCast (when live).

So when you call me this Friday, January 10th, can we pick a day & time the following week you can briefly show me the set up.

Thank you,

Mike Baril



MICHAEL BARIL [REDACTED]

Tape

1 message

Igor Kuprycz <wcat12@comcast.net>
To: CMPSA - MICHAEL BARIL [REDACTED]

Thu, Jan 9, 2014 at 2:12 PM

Mr. M.J.Baril.

I have made tape of S/M from 12/23/2013 per your request.I am sending to you by USPS.Thanks.
Igor Kuprycz-Chairman WCAT12.

From: WCAT 12
PO Box 609
Warren, MA, 01083

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL™

7012 3050 0000 2299 6077

 **RECEIVED**
Wed, 1/15/14



1024

01083

U.S. POSTAGE
PAID
WARREN, MA
01083
JAN 09, 14
AMOUNT

\$7.72
00041526-08

*1-10
1-15
1-25*

To: Michael J. Baril
P.O. Box 542
Warren, MA 01083-0542

ReadyPost

Document Mailer