



Town of Wellfleet
300 Main Street
Wellfleet, MA 02667
Phone (508) 349-0300
Fax (508) 349-0305

For Office Use Only

Date rec'd _____
Rec'd by _____
Completed by _____
Released by _____
Date _____

Request for Public Records

This completed form is an open public document and may be released to any requester.

SECTION 1: Records Request

Name of Requester:	Phone:	Email Address:	
Address:	City:	State:	Zip:

I wish to: <input type="checkbox"/> Inspect <input type="checkbox"/> Receive a copy of specific record(s) <input type="checkbox"/> Have an estimate of the number of pages involved in the request prior to any copies being made	Request Made: <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Fax <input type="checkbox"/> By Mail <input type="checkbox"/> By Email (Attach Request)
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Records Request:
(For additional Space, use separate page)

To assist with record identification, list names of other persons named in the records you seek, if known.

Your request will be forwarded to the appropriate department. Unless otherwise notified, the town will respond to your request within ten (10) Calendar days.

SECTION 2: Department Response

ALLOW ACCESS Charge is: \$.20 for each photocopy page.
\$.50 for computer printout page

# of pages _____	Search Time _____
Fee per page _____	Correlation Time _____
Mailing _____	Hourly Rate _____
TOTAL _____	TOTAL _____
GRAND TOTAL _____	

DENY ACCESS The records you have requested are legally exempt.

WE DO NOT HAVE THE RECORD(S)

SECTION 3: Requester Notification

Name of Person Notified:	Date:	Time:
<input type="checkbox"/> By Mail <input type="checkbox"/> By Phone	Signature of Employee:	
<input type="checkbox"/> In Person <input type="checkbox"/> By Email	Routing	Original to Requester Copy to Public Records