



**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:			Request Made:	
<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			<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)	
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**

<input type="checkbox"/> 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 _____	
<input type="checkbox"/> DENY ACCESS	The records you have requested are legally exempt.
<input type="checkbox"/> 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	<b>Routing</b>	Original to Requester      Copy to Public Records