



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:

- ☐ Inspect
- ☐ Receive a copy of specific record(s)
- ☐ Have an estimate of the number of pages involved in the request prior to any copies being made

Request Made:

- ☐ In Person
- ☐ By Phone
- ☐ By Fax
- ☐ By Mail
- ☐ 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

☐ **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