



Town of Wareham

54 Marion Road
Wareham, MA 02571

REQUEST FOR PUBLIC INFORMATION

TO THE KEEPER OF THE RECORDS:

Date: _____

Name: _____ Phone: _____

Address: _____

Specify what records requested: _____

Signature: _____

Departmental Approval: _____

Fee: _____ Date Paid: _____ Release Date: _____

Signature of Record Keeper

RECEIPT ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUESTED:

DATE

SIGNATURE