



# 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