



Town of Wareham
54 Marion Road
Wareham, MA 02571

PUBLIC RECORDS REQUEST FORM

All public records requests will be responded to within (10) days after receipt
With an initial response and payment summary.

Pursuant to Public Records law all exemptions will be redacted from any and all material being released.

A letter will be sent to you estimating any copying costs and other charges that may be assessed as a part of your public records request.

TO THE KEEPER OF THE RECORDS:

Date: _____

Name of Requestor: _____ Phone: _____

Address: _____

E-Mail _____

Specify what records requested: _____

Signature: _____

Departmental Approval: _____

Fee: _____ Date Paid: _____ Release Date: _____
(copying fees and search and segregation time charged as per the Secretary of State Regulations)

**PLEASE NOTE: THE TOWN OF WAREHAM REQUIRES PAYMENT IN FULL BEFORE DOCUMENTS ARE
COPIED AND REDACTED.**

Signature of Record Keeper

RECEIPT ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUESTED:

DATE

SIGNATURE