



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642 - 2544
All departments 508 240-5900 Fax 774-801-3923
www.eastham-ma.gov

Request Made:
 In Person
 By Fax
 By Mail
 By Email (attached)
Date Received:

Request for Public Records

This completed form is a public document

SECTION 1: RECORDS REQUEST

Requestor _____ 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: (For additional Space, use a separate page)

Your request will be forwarded to the appropriate department. Unless notified, the town will respond to your request within ten (10) business days excluding holidays, weekends, and legal holidays.

SECTION 2: DEPARTMENT RESPONSE

Allow Access Provide Records
 Deny Access
(Records requested are legally exempt)
 We do not have the record(s)

Charge is: \$.05 for each page
of pages _____ Search Time _____
Fee per pg _____ Correlation Time _____
Mailing _____ Hourly Rate _____
TOTAL _____ TOTAL _____
GRAND TOTAL \$ _____

SECTION 3: Requester Notification (to be completed by RAO)

Name of Person Notified: _____ Date _____ Time _____

Method of notification _____