



# 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) calendar days.

### 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 \_\_\_\_\_