

Town of Rehoboth, Commonwealth of Massachusetts

148 Peck Street Rehoboth, MA 02769

PUBLIC RECORDS REQUEST FORM

All public records request will be responded to within ten (10) days after receipt of request. Responses may indicate further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples.

Pursuant to Public Red	cords Law all exe	mptions will be r	edacted	l from any	and all material being rel	eased.
Date of Request:						
Description of Materials Sought:						
Requestors Information	on:					
Name of Requestor:						
Firm / Company:						
Address:						
City:			State:		Zip:	
Phone number:			Fax nu	mber:		
Email:						
Please be as specific as possible when requesting information: COPY OF RECORDS (.05 per page plus search, redact and/or copy fee) OTHER / ADDITIONAL INFORMATION:						
OFFICE USE: Received	d by:	Initial Respons	e:	S	ubsequent Reviews:	

Records Provided:

Paid:

Fees: