

TOWN OF SCITUATE



600 Chief Justice Cushing Hwy.
Scituate, Massachusetts 02066
Telephone (781) 545-8740

PUBLIC RECORDS REQUEST

Date of Request: _____ Time of Request: _____

Name: _____

Company/Organization: _____

Address: _____

Phone #: _____ Email: _____

Description of Specific Records Requested: _____

How do you wish to view the records? Electronic ☐ Photocopies ☐

Is request for commercial purposes? Yes ☐ No ☐

Description of Commercial Purposes:

Policy: The Town of Scituate shall comply with a request within 10 Business days. If charges for searching, segregation and copying are expected to exceed \$10, the department shall prepare a written, good faith estimate.

Charges for photocopies of records shall be \$0.05 cents per page, in addition to postage, if necessary. In addition, there will be a charge for the cost of a disk or thumb drive (if needed).

Fees for search time and segregation of public records shall be prorated based on the hourly rate of the lowest paid employee capable of performing the task not to exceed \$25/hr.

Requests which can be filled in less than one half hour shall be exempt from this policy.

For Internal Use Only:

Received by: _____ Department: _____

Disposition: Located _____ Not Located _____ Research Time _____

Fees Charged:

Photocopies .05 per page: # of pages _____ Subtotal _____

Postage or storage device: _____ Subtotal _____

Employee Fees: # of hours: _____ Hourly rate: _____ Subtotal _____

TOTAL: \$ _____

Check payable to Town of Scituate

Request Fulfilled On: _____ **By:** _____

Comments: _____

NOTE: ATTACH COPY OF RESPONSE LETTER SENT TO REQUESTOR