PUBLIC RECORDS REQUEST

Date of Request: _______________________________________________________

Name: ________________________________________________________________

Address: __________________________________________________________________

Phone #: ___________________________  Email: ____________________________

Description of Records Requested: _________________________________________
________________________________________________________________________
________________________________________________________________________

Policy: The Town of Scituate shall comply with a request as soon as practicable and within 10 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. The charge for microfilm or microfiche copies shall be $0.24 cents per page. The charge for computer printout copies shall be $0.50 cents per page. The actual cost of postage shall also be charged.

Fees for Search time, Segregation time, and requests for non-computerized public records shall be prorated based on the hourly rate of the lowest paid employee capable of performing the task.

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

For internal use only: Department: ________________________________

Disposition: Located __________ Not Located __________ Research Time:___________

Comments: ____________________________________________________________________
                                                                                       

Revised 3/16/16
REQUEST FOR PUBLIC RECORDS FEES INVOICE

COPIES:

<table>
<thead>
<tr>
<th>Photocopies:</th>
<th># of pages</th>
<th>Amount per page $0.05</th>
<th>Subtotal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microfilm/Microfiche</td>
<td># of pages</td>
<td>Amount per page $0.24</td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Computer Printout Copies</td>
<td># of pages</td>
<td>Amount per page $0.50</td>
<td>Subtotal:</td>
</tr>
<tr>
<td>Postage</td>
<td># of pieces</td>
<td>Amount of postage</td>
<td>Subtotal</td>
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</table>

EMPLOYEE FEES:

<table>
<thead>
<tr>
<th># hours</th>
<th>Hourly rate</th>
<th>Subtotal</th>
</tr>
</thead>
</table>

TOTAL AMOUNT DUE $ 
Payable to: Town of Scituate

Revised 3/16/16