

TOWN OF SCITUATE



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

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: _____

REQUEST FOR PUBLIC RECORDS FEES INVOICE

COPIES:

Photocopies:		
# of pages	Amount per page \$0.05	Subtotal:
Microfilm/Microfiche		
# of pages	Amount per page \$0.24	Subtotal:
Computer Printout Copies		
# of pages	Amount per page \$0.50	Subtotal:
Postage		
# of pieces	Amount of postage	Subtotal

EMPLOYEE FEES:

# hours	Hourly rate	Subtotal
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TOTAL AMOUNT DUE **\$**

Payable to: Town of Scituate