

TOWN OF SCITUATE
PUBLIC RECORDS REQUEST FORM
(Pursuant to RIGL § 38-2 et seq.)

**** FORM TO BE SUBMITTED TO THE TOWN CLERK WHO IS THE PUBLIC RECORDS OFFICER ****

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Email: _____

Date of Request: _____

INFORMATION REQUESTED:

((TOWN USE ONLY))

Request Received By: _____ Date: _____

Received By (Dept Head): _____ Date: _____

Records Returned to Requestor (Date): _____
Cost of Records: _____

NOTES: _____

