

# TOWN of WEST TISBURY

COMMONWEALTH OF MASSACHUSETTS

## PUBLIC RECORDS REQUEST FORM

**All public records requests will be responded to within ten (10) business days of receipt of request.**

**Responses may indicate further time is necessary, additional information is required, or an estimate of fees may be required to fulfill the request.**

Pursuant to Public Records Law all exemptions will be redacted from any and all material being released.

Date of Request:

Description of  
Materials Sought:

Requestors Information:

Name of Requestor:

Firm / Company:

Address:

City:

State:

Zip:

Phone number:

Fax number:

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 by:

Initial Response:

Subsequent Reviews:

Fees:

Paid:

Records Provided: