

Wellfleet Police Department

**PUBLIC RECORDS REQUEST**

Call Number: \_\_\_\_\_

**Requestor's Information**

<b>Name</b>	
<b>Home Address</b>	
<b>Mailing Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email Address (optional)</b>	
<b>Description of Request</b> (attach additional documentation if necessary)	I am requesting copies of the following documents on file at your office.
<b>Signature of Requesting Party</b>	

<b>Office Use Only</b>		
<b>Date &amp; Time Request Received:</b>	<b>Records Request Completed By:</b>	<b>Date Completed</b>
	_____	_____
	<b>Officer/Clerk</b>	

All request for public records will be honored in accordance with the Massachusetts Public Records Law normally within 10 (ten) calendar days. The Records Department will not be obligated to provide the requested documents in less than 3 (three) working days.