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: _____

INFORMAITON REQUESTED:

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((TOWN USE ONLY))

Request Received By: _____ Date: _____

Received By (Dept Head): _____ Date: _____

Cost of Records: _____

Records Returned to Requestor (Date): _____

NOTES: _____
_____
_____