

Town of Dighton Commonwealth of Massachusetts

PUBLIC RECORDS REQUEST FORM

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

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

Pursuant to Public Re	cords Law all exe	mptions will be r	edacted	I from an	y and a	II material being released
Date of Request:						
Description of Materials Sought:						
Requestors Information	on:					
Name of Requestor:						
Firm / Company:						
Address:						
City:			State:		Zip:	
Phone number:			Fax number:			
Email:						
	OF RECORDS (.05	5 per page plus s		edact and	d/or co	py fee)
L OTHE	ER / ADDITIONAL I	INFORMATION:				
OFFICE USE: Received	d by:	☐ Initial Respons	e:		Subsea	uent Reviews:

Records Provided:

Paid:

Fees: