



# TOWN OF WARE

126 MAIN STREET  
WARE, MASSACHUSETTS 01082  
TEL: (413) 967-9648  
www.townofware.com

Office Use Only:  
Copy in Request Book \_\_\_\_  
Copy in Address Folder \_\_\_\_  
Completed by \_\_\_\_\_

## PUBLIC RECORDS REQUEST FORM – Building Department

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

Date Requested: \_\_\_\_\_ Date Office Received: \_\_\_\_\_

**Please be as specific as possible when requesting information.**

Site Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Description of Materials Sought: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestors Information:**

Name of Requestor: \_\_\_\_\_

Firm / Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Format Requesting:  Paper Copy (\$0.05/per page)  Examine Only  Email Copies of Items

**Office Use Only:**

Date Received: \_\_\_\_\_ Time Spent: \_\_\_\_\_ Total Fees (if any) \_\_\_\_\_

Date Replied: \_\_\_\_\_ Time of Response: \_\_\_\_\_ Method of Response:  Email  Mailed

Areas Searched:  ViewPoint Online  Address Folder  Code Violations  Zoning Violations  
 Zoning Determinations  Other \_\_\_\_\_

Recommend verifying with other Depts:  Board of Health  Fire Dept  Assessor's  PCD Dept.

Items Provided: \_\_\_\_\_  
\_\_\_\_\_