



*Town of West Bridgewater  
Commonwealth of Massachusetts*

65 N Main St.  
West Bridgewater, MA 02379

**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 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:

Zip:

Phone number:

Cell 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: