



TOWN OF WATERTOWN

Board of Health

Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

PUBLIC RECORD REQUEST FORM

Date of Request: _____

I am requesting: To View Records Copies of all records

Location/Address: _____

Building or Establishment: _____

- Inspection Reports Complaint Inspections Food Illness Investigations
- Administrative Order Letters License/Permit Issued Board of Health documentation
- 21 E (\$50 fee per site/location)
- Other (Be specific): _____

Name of person requesting information: _____

Name of Company or Firm: _____

Address: _____

Telephone: _____ Work Telephone: _____ Fax: _____

The Health Department recommends that you schedule a time to review these records so that you will not be charged for irrelevant documents.

Public Records Request: \$0.20 per page and \$5.00 per 15 min. increments will be billed for administrative work to locate and copy records.

Documents will only be mailed or released after receiving full payment

$$\begin{array}{ccccccc}
 \$0.20 \times & \underline{\hspace{2cm}} & = & \$\underline{\hspace{2cm}} & + & \$\underline{\hspace{2cm}} & + & \frac{\$5.00}{15 \text{ min.}} & = & \$\underline{\hspace{2cm}} \\
 & \text{\# of pages} & & & & \text{Postage fee} & & \text{Prorate fee} & & \text{Total Fee Due} \\
 & \text{photocopied} & & & & & & & &
 \end{array}$$

Should you have any question please contact the Health Department at 617-972-6446.

Office Use Only:

Action Taken: View Records Copies of Records

Date Records Processed: _____ Fees Received: Yes No

Health Director Approval: _____ Date Records Released: _____