



TOWN OF WAYLAND
41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

PUBLIC RECORDS REQUEST	
Name	
Full Address	
Telephone	HOME
	MOBILE
Fax (optional)	
Email Address (optional)	
Description of Request <i>(Attach Additional Documentation if necessary)</i>	

FOR TOWN USE ONLY		
Date Stamp	Date Request Received:	Date Request Pass on to Custodian of Records
Signature of Individual Receiving Request:		