

City of Waltham Massachusetts

Building Department Records Request Form

Date:	Address of Requested Records	• • • • • • • • • • • • • • • • • • • •
Description of re	ecord type: (plans, permits, ect;)	
Requestors Name	e:	
Address:	(print)	
Contact Phone:_	Email:	
Signature:		

Email to: bbower@city.waltham.ma.us
Mail to: 119 School Street Waltham, MA