PUBLIC RECORDS REQUEST FORM

Any public records requests will be processed within ten (10) business days after receipt of request. Our response could be to:

- Provide records as requested;
- Indicate further time is needed to comply;
- Indicate that additional information is required;
- Explanation of why the request cannot be fulfilled;
- A response could also include an estimate of fees that are required to fulfill the request.

Date of Request: ________________________ Date Responded to Request: ________________________

Description of Records Requesting:
Please be as specific as possible

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Requesting records from:

_____ Town of Reading  _____ Schools  _____ Police Department  _____ Municipal Light

Information of Requestor:

Name: ________________________________
Company: ________________________________
Address: ________________________________
City: __________________ State: __________ Zip: _______
Phone Number: __________________ Fax Number: __________________
E-Mail: __________________

For Office Use Only:

RAO: ____________________________ Staff Assigned: ____________________________

Time Spent: ____________________ Estimated Cost: ____________________
Completion Date: ________________ Actual Cost: ____________________
Comments: ____________________

________________________________________________________

Updated 2017-06-20
TOWN OF READING
COMMONWEALTH OF MASSACHUSETTS
READING POLICE DEPARTMENT
OFFICE OF THE CHIEF
15 Union Street
Reading MA 01867

PUBLIC RECORDS REQUEST FORM
REQUEST FOR A POLICE REPORT

Any public records requests will be processed within ten (10) business days after receipt of request. Our response could be to:
- Provide records as requested;
- Indicate further time is needed to comply;
- Indicate that additional information is required;
- Explanation of why the request cannot be fulfilled;
- A response could also include an estimate of fees that are required to fulfill the request.

Date of Request: ___________________________ Date Responded to Request: ___________________________

Requested Report Information:
Please complete as much as information as possible

Date of Report / Incident: ___________________________ Incident Number: ___________________________

Type of Incident: ___________________________

Name of Involved Party: ___________________________

Location of Incident: ___________________________

Fees:
Domestic Violence Report – Free to Victims ................................................................. $ _______
Motor Vehicle Accident Report .................................................................................. $ _______
Crime Incident or Miscellaneous Reports ..................................................................... $ _______
Audio Tapes / Video Tapes / CDs / DVDs................................................................. $ _______
Preparation Fee - Note: Fees will vary; first two hours will not be included in calculation .......... $ _______

Information of Requestor:
Name: ___________________________
Company: ___________________________
Address: ___________________________
City: ___________________________ State: ____________ Zip: _______
Phone Number: ___________________________ Fax Number: ___________________________
E-Mail: ___________________________

For Police Department Use Only:
RAO: ___________________________ Staff Assigned: ___________________________
Time Spent: ___________________________ Estimated Cost: ___________________________
Actual Cost: ___________________________ Total Received: ___________________________
Completion Date: ___________________________ Log Entry Number: ___________________________
Comments: ___________________________

Updated 2017-06-20