



**TOWN OF READING  
COMMONWEALTH OF MASSACHUSETTS**

16 Lowell Street  
Reading MA 01867

**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

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**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: \_\_\_\_\_

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**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: _____	
_____	
_____	