SOUTHWICK POLICE DEPARTMENT

INFORMATION/ REPORT REQUEST FORM

Please provide a copy of the police report on file for an incident identified below:

ACCIDENT: _____ THEFT: _____ ARREST: _____ OTHER: _____

INCIDENT DATE and/or LOCATION: _____

NAME ON REPORT: _____

PERSON/FIRM REQUESTING REPORT: _____

DATE OF REQUEST: _____

FEES

In accordance with M.G.L. Chapter 66 § 10, the fees for reports are:

-There is no charge for requests up to nine (9) pages that are black and white and double sided. Requests that are 10 pages or more will have a fee of 5 cents per page.

-The cost of postage will be applied to requests that require the records requested be mailed to the requestor.

ELECTRONICALLY DELIVERED REPORTS: No fee (except as provided below)

-Records that require more than 2 hours to compile, segregate, redact, and or reproduce will require and additional $16.11 per hour fee. If said record request is for a *commercial purpose* this fee may increase to $24.16 per hour.

-Records requests that require any storage device will incur a fee equal to the amount of the cost of said storage device. (This agency will not accept storage devices from requestors. A storage device will be obtained by the Southwick Police Department.)

DELIVERY METHOD (Please Check One)

Mail _____ To: _____

E-Mail _____ To: _____

Pick Up _____ **Contact Phone Number:** _____

-No records will be produced without the appropriate fee being collected first. If there are no employees in records, someone will call you regarding the fee owed.

-ID must be shown at time of request. Failure to provide positive identification may result in redaction of the requested records or denial of a record(s) request based upon exemptions contained with M.G.L. Chapter 4 § 7.

PLEASE PRINT LEGIBLY

Date Request Received: _____ FEE Due: _____

Report Number(s):_____

Report(s) Disseminated by: _____

Means of Delivery: Mail ____ E-Mail _____ In-Hand _____

Date of Delivery: _____

Enumerations of fees beyond cost per page and postage for standard letter delivery:._____

_____

_____

_____

_____

Dispatchers: Please remit this form to Records upon delivery of the contained record. *

PLEASE PRINT LEGIBLY