GARDNER POLICE DEPARTMENT

31 CITY HALL AVENUE, GARDNER, MA 01440 PHONE: 978-632-5600 FAX: 978-630-4027

PUBLIC RECORD REQUEST FORM

PLEASE FILL OUT INFORMATION BELOW

DATE: _____

YOUR NAME: _____

ADDRESS_____

OR
BUSINESS OR COMPANY NAME/ADDRESS_____

SOCIAL SECURITY #_____ **DATE OF BIRTH:**_____
HOME TELEPHONE: _____**IS THERE A BLOCK ON YOUR PHONE?** _____
WORK TELEPHONE:_____

ADDRESS OF EVENT/INCIDENT:_____

TYPE OF INCIDENT_____

DATE/TIME OF INCIDENT:_____

NAME(S) OF PERSON(S) INVOLVED IN INCIDENT_____

IF ACCIDENT, NAME OF VEHICLE OPERATOR_____

INVESTIGATING OFFICER NAME (IF KNOWN)_____

COST WILL BE: $5.00 FOR A COPY OF AN ACCIDENT REPORT
$1.00 PER PAGE FOR COPY OF CRIME, INCIDENT OR MISC. REPORT
$5.00 FOR A TAPE RECORDING PER SIDE (60 MINUTES PER SIDE)
THERE MAY BE ADDITIONAL FEES IF THE SEARCH OF RECORDS INCLUDES THE ARCHIVES.

IMPORTANT! THE REQUIRED FEE MUST BE PAID WHEN YOU PICK UP YOUR COPY. CASH OR CHECK (MAKE CHECK PAYABLE TO THE GARDNER POLICE DEPARTMENT – RECORDS) AN ENCLOSED, SELF ADDRESSED, STAMPED ENVELOPE WILL SPEED PROCESSING. ALLOW AT LEAST TEN (10) WORKING DAYS FOR AVERAGE PROCESSING.

FOR DEPARTMENT USE ONLY

DATE PROCESSED/DENIED_____**INCIDENT#**_____**FEE CHARGED**_____
CLERK INITIALS_____ _____
_____

COMMENTS_____