



CITY OF GARDNER POLICE DEPARTMENT

200 Main Street
Gardner, Massachusetts 01440



Emergency-Dial 911

Main line: (978) 632-5600 • Fax Line: (978) 541-3867

records@gardner-ma.gov

PUBLIC RECORD REQUEST FORM

PHOTO ID MAY BE REQUIRED FOR RELEASE OF RECORDS

Date of Request: _____ **Name:** _____

Address: _____

Or Business or Company Name/Address: _____

Social Security #: _____ **Date of Birth:** _____

Phone #: _____ **Email:** _____

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: **\$.05 per page for a copy of Crime, Incident or Accident Report**
Additional Fees may be applied if the search of records includes the Archives

The required fee must be paid when you pick up your copy; Cash or Money Order (Made Payable to The Gardner Police Department-Records). Please allow up to ten (10) business days for processing.

Signature of Requester

For Records Department Use Only

Date Processed/Denied: _____ **Incident# :** _____ **Fee Charged: \$** _____

Clerk Initials: _____

Comments _____
