



TOWN OF SCITUATE

DEPARTMENT OF POLICE

604 CHIEF JUSTICE CUSHING HIGHWAY
SCITUATE, MASSACHUSETTS 02066 * TELEPHONE (781) 545-1212 * FAX (781) 545-9659

W. MICHAEL STEWART
CHIEF OF POLICE

REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST _____

R E Q U E S T O R	NAME: _____ PHONE NUMBER: _____
	BUSINESS NAME: _____
	MAILING ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____
	E-MAIL ADDRESS: _____ <i>(Required if requesting reports via Email)</i>

R E Q U E S T	TYPE OF REPORT REQUESTED: <input type="checkbox"/> ACCIDENT (MVA) <input type="checkbox"/> ARREST <input type="checkbox"/> INCIDENT REPORT <input type="checkbox"/> OTHER _____
	DATE OF INCIDENT: _____ LOCATION OF INCIDENT: _____
	DESCRIPTION OF INCIDENT: <i>(Provide as much detail as possible)</i> _____ _____ _____
	DELIVERY/CORRESPONDENCE METHOD <i>(How would you like to receive information about this request?):</i> <input type="checkbox"/> E-Mail Address Listed Above <input type="checkbox"/> In-Person Pickup at SPD <input type="checkbox"/> Mailing Address Listed Above <i>Please select only ONE option</i>

All requests will be responded to within 10 business days of receipt of request. Fees may be assessed.
Acceptable forms of payment are cash, check or money order made out to the **Town of Scituate**.
Some records may be exempt from public viewing.

OFFICE USE ONLY

Request Received By: _____
Signature: _____
Date Request Rcvd: _____
Total Payment Rcvd: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order
Report Number(s): _____
OIC Authorizing if DV: _____

<input type="checkbox"/> Report Mailed/ E-Mailed
<input type="checkbox"/> Report Provided In Person
<input type="checkbox"/> Report Left in Dispatch Awaiting Pick-up/Payment
<input type="checkbox"/> Request Denied. Response Mailed/ E-Mailed
<input type="checkbox"/> More Information Needed

Date Sent/ Picked-Up: _____ By: _____
Amount Received: _____