



City of Salem, Massachusetts
Police Department Headquarters



PUBLIC RECORD REQUEST FOR RECORDS OR INFORMATION
YOUR REQUEST WILL BE REVIEWED AND PROCESSED IN ACCORDANCE WITH MA STATE LAW

Please complete the information below to the best of your ability:

Date of Request: _____ Incident Report: _____ Accident Report: _____ Other: _____
 (Please check one or more)

Name: _____

Address: _____ Date of Birth: _____

Optional information only to assist in locating the proper record, if applicable

Type of Incident/Crime/Accident: _____
If domestic incident you must provide identification to ascertain you are the victim or plaintiff. Be advised information may be redacted.

Where incident occurred: _____
 Address, intersection or business/location name

When incident/accident occurred: _____
 Date/Day/Time

Information relative to incident: _____
 For example: who was involved, names of people, officer, etc.

Are you an involved party to the incident/accident: Yes _____ No _____

Case # if known: _____ or more: _____

Any other relevant information: _____

FOR MULTIPLE REPORTS OR NUMEROUS COPIES ONLY:

If this request is for more than one report that needs time to complete, please complete the following for any questions or clarifications about your request and to contact you when the information is available.

Telephone: _____

How do you want to obtain your copies:

Pick-up copies? Yes _____ No _____

Mail copies? Yes _____ No _____ (See address listed above)

Email copies? Yes _____ No _____ Email: _____

Fax copies? Yes _____ No _____ Fax: _____

Estimated Cost to prepare: _____ State Law: .05 cents per page No Charge up to 9 pages

FOR OFFICE USE ONLY:

Date reports provided: _____ Who prepared: _____

How were they provided: In-hand _____ USPS _____ Electronically: _____ fax or email

Fee collected: \$ _____ Date Fee transferred to Treasurer: _____