REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST: ___________________________

NAME: ___________________________ PHONE NUMBER: ___________________________

BUSINESS NAME: ___________________________

MAILING ADDRESS: ___________________________

CITY: ___________________________ STATE: ___________________________ ZIP CODE: ___________________________

EMAIL ADDRESS: ___________________________

Required if requesting reports by eMail

TYPE OF REPORT REQUESTED:

☐ Accident Report  ☐ Arrest Report  ☐ Dispatch Call  ☐ Incident Report

☐ Theft, Larceny, Vandalism, etc.

☐ Other: ___________________________

DATE/TIME OF INCIDENT: ___________________________

LOCATION OF INCIDENT: ___________________________

DELIVERY/CORRESPONDENCE METHOD (How would you like reports and other communication about this request sent?):

☐ E-mail Address Listed Above

☐ In-Person Pickup at BPD

☐ Mailing Address Listed Above

Postage & Handling of $1.00 (or actual cost if more)

ONLY SELECT ONE OPTION. IF BOTH ARE SELECTED, YOU WILL ONLY RECEIVE YOUR REPORTS VIA E-MAIL

All requests for reports will be responded to within ten (10) days of receipt of the request with an estimate of costs for the requested information, if applicable.

NOTE ABOUT REQUESTS FOR REPORTS INVOLVING DOMESTIC VIOLENCE OR HARASSMENT

The law limits access to reports involving domestic violence and harassment. VICTIMS shall be provided a copy of the report, in-hand, at the time of the request (at no charge to the victim). All other requests will be reviewed to maintain compliance with the law.

If determined that a fee is applicable to your request, reports will not be provided until payment is received. Cash and Check are the only acceptable forms of payment. Checks must be made payable to the Town of Bourne.

OFFICE USE ONLY - DO NOT COMPLETE BELOW THIS LINE

Request Received By: ___________________________

Signature: ___________________________

Date Request Rcvd: ___________________________

Total Payment Rcvd: ___________________________

☐ Cash  ☐ Check  CK #: ___________________________

Report Number(s): ___________________________

OIC Authorizing Release if DV: ___________________________

Report Mailed/E-Mailed  Request Denied  Response Mailed/E-Mailed

Report Left in Dispatch  Report Provided In Person

Awaiting Payment  Estimate Provided to Requestor

Awaiting Payment  More Information Needed

Date Sent: ___________________________

Date Sent: ___________________________

Cash Amount: ___________________________

Pickup Date: ___________________________

Amount Rcvd: ___________________________

Date Sent: ___________________________

Amount Rcvd: ___________________________

Date: ___________________________

If both are selected, you will only receive your reports via e-mail.

Please make sure @TOWNOFBOURNE.COM is NOT blocked by your SPAM filter.

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