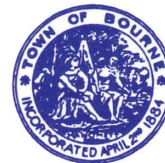


# TOWN OF BOURNE POLICE DEPARTMENT



PAUL J. SHASTANY  
INTERIM DIRECTOR OF POLICE SERVICES

35 Armory Road, Buzzards Bay, Massachusetts, 02532  
Phone: (508) 759-4420 EXT 8001  
Address All Communications to Chief of Police  
Fax: (508) 759-0603

## 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: _____
EMAIL ADDRESS: _____ <i>Required if requesting reports by eMail</i>	

R  
E  
Q  
U  
E  
S  
T

### 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  
Please make sure @TOWNOFBOURNE.COM is NOT blocked by your SPAM filter
- 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 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  
Awaiting Payment

Estimate Provided to Requestor  
Awaiting Payment

More Information Needed

Report Provided In Person

Date Sent: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Cash Amount: \_\_\_\_\_

Pickup Date: \_\_\_\_\_

Amount Rcvd: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Amount Rcvd: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date: \_\_\_\_\_