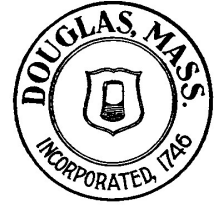




Douglas Police Department

29 Depot Street, P. O. Box 244
Douglas, MA 01516
(508) 476-3333
Fax (508) 476-3210



REQUEST FOR COPY OF POLICE REPORT

It is the goal of the Douglas Police Department to provide the public with access to all information defined as public by law or regulation, while maintaining the confidentiality of information exempted from release. So that we may fully comply with all laws and regulations, records requested will be mailed or available for pickup within ten (10) days of your request, after approved by the Chief of Police. Reports are available during regular business hours. (7AM-3PM-MONDAY-FRIDAY).

Fees: ALL FEES MUST BE PAID BY CHECK OR MONEY ORDER PAYABLE TO THE TOWN OF DOUGLAS.

Accident reports - \$5.00 up to 6 pages and \$0.50 per each additional page.
Incident reports - \$1.00 per page.

Incident Information

Date of request: _____ Date of Incident: _____ Time: _____

Type of incident: _____

Where incident occurred: _____

Requesting Party Information

Name (**Please Print**): _____ Phone: (____)____-____

Company Name (*If Applicable*): _____

Address: _____

Signature of requesting party: _____

Mail this report I will pick up this report

(Do not write below this line - OFFICE USE ONLY!)

Date received: _____ Call #: _____ Hold for Pickup:

Date Mailed: _____

Unable to release: CORI Other reason: _____

Fee Paid: Fee Not Paid: