



TOWN OF SCITUATE

DEPARTMENT OF POLICE

800 CHIEF JUSTICE CUSHING HIGHWAY

SCITUATE, MASSACHUSETTS 02066 * TELEPHONE (781) 545-1212 * FAX (781) 545-9659

MARK THOMPSON
CHIEF OF POLICE

REQUEST FOR PUBLIC RECORDS

DATE OF REQUEST _____

R
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R

NAME: _____ PHONE NUMBER: _____
BUSINESS NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
E-MAIL ADDRESS: _____
(Required if requesting reports via Email)

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TYPE OF REPORT REQUESTED:

☐ ACCIDENT (MVA) ☐ ARREST ☐ INCIDENT REPORT ☐ OTHER _____

DATE OF INCIDENT: _____ LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT: (Provide as much detail as possible) _____

DELIVERY/CORRESPONDENCE METHOD (How would you like to receive information about this request?):

☐ E-Mail Address Listed Above ☐ In-Person Pickup at SPD ☐ Mailing Address Listed Above

Please select only **ONE** option

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: _____

☐ Cash ☐ Check # _____ ☐ Money Order

Report Number(s): _____

OIC Authorizing if DV: _____

☐ Report Mailed/ E-Mailed

☐ Report Provided In Person

☐ Report Left in Dispatch Awaiting Pick-up/Payment

☐ Request Denied. Response Mailed/ E-Mailed

☐ More Information Needed

Date Sent/ Picked-Up: _____ By: _____

Amount Received: _____