# Edgartown Police Department

*72 Pease's Point Way South, Edgartown, MA 02539*
*Phone (508) 627-4343 Fax (508) 627-4577*
*edgartownpd@comcast.net*

*Bruce R. McNamee*
*Chief of Police*


## PUBLIC RECORDS REQUEST FORM

It is our goal to provide the public with access to information legally defined as public, while maintaining the confidentiality of information exempted by law. If the requested report is approved for release, some information may be redacted. This form will be forwarded to the administrative assistant for processing. A fee may be assessed at the time of delivery. The Massachusetts Public Records Law (*M. G. L.* Chapter 66, Section 10) governs release of public records and fees charged. *(**No Cash** will be accepted. Check or money order payable to Town of Edgartown)*

Special note regarding motor vehicle accident reports: your insurance company should issue their own request to us and pay the appropriate fee on your behalf. You may request a copy of the police report about your accident for your own information, but you are not required to purchase a copy for your insurance company.

Date of Request: _____ CASE #:_____
(MM/DD/YYYY) (If known)

Date of Incident: _____
(MM/DD/YYYY)

Type of Report requested: [ ] Accident _____
(Name of owner/operator)

[ ] Incident _____
(Name of Involved/Location of Event)

[ ] Other _____
(Description of request)

**Person Making Request**: Name (Optional) _____

Preferred Method of Delivery: (Please Check One) Fax___ Mail___ Pickup___ E-Mail___

Contact information for requesting party:

Mailing Address: _____ Phone # _____

_____ Fax# _____

E-mail:_____

*M. G. L.* Chapter 66, Section 10 *allows ten days for your request to be processed. The Department will deliver the requested report(s) as soon as possible*

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*FOR DEPARTMENT USE ONLY*

*FEE PAID:*_____

*FAXED [ ] MAILED [ ] PICKED-UP [ ] E-MAIL [ ] APPROVED BY :*_____