

**Pembroke Police Department**  
Written Request for Public Record Form

Date of Request	
Name of Requester	
Address of Requester	
Home Telephone Number	Cell

Below, please describe to the best of your ability the identifiable record or records you are requesting. Staff personnel will process your request in a timely manner. Nevertheless, M.G.L. c. 66, s.10[a] provides that every person having custody of a public record has up to 10 days to comply with the request. In no case will this provision be used as a reason to delay delivery of a record. In the event the record cannot be provided, you will receive an explanation of the cause for non-release.

Record(s) Requested
Date of incident:
Type of incident

**Fee Schedule**

Incident Reports Single page in hand at Desk \$0.50	Video tape/CD \$25.00 per tape/cd plus postage
Single page via mail \$1.00	911 calls \$25.00 per tape plus postage
Accident Reports \$5 Insurance company requests \$5.00	Domestic violence report- no charge

Requests that require research will be assessed at \$20 per hour as part of the cost to produce the record.

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY	
Copy Release: [   ]	Copy Denied [   ]
If Denied, what exemption was relied on:	
Release approved by:	
If mailed, date mailed	Mailed by: