



PEMBROKE POLICE DEPARTMENT PUBLIC RECORD(S) REQUEST FORM 2022F-009

Date of Request:

Name:

Address:

Home Phone:

Cell Phone:

Email Address:

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, s10(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 the record. In the event the record cannot be provided, you will receive an explanation of the cause for non-release.

Date of Incident:

Incident # (if available):

Type of Incident

Fee Schedule:

- Insurance Company Requests \$5
- 911 Call Audio & Videos to CD - \$25 Each
- Requests that require research will be assessed at \$25.00 per hour.

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

Copy Released: YES <input type="checkbox"/> NO <input type="checkbox"/>	If not, why?
Approved By:	Mailed (Date):