



# PALMER POLICE DEPARTMENT

*In Service to Our Community*

4419 Main St.  
Palmer, Ma. 01069

Phone: (413) 283-8792  
FAX: (413) 289-1422



## REPORT REQUEST FORM

**FEES:** Reports may be charged at \$.05 per page. For more extensive requests, other fees may apply. Please see M.G.L. c. 66 § 10(d)(i-ii) for more information.

To request a report, please fill out the form below and deliver it to the records department in person or by mail, facsimile or email ([records@palmerpolice.org](mailto:records@palmerpolice.org)). All requests will receive a response within ten (10) business days.

<b>Name:</b>	<b>Phone:</b>	
<b>Company</b> (if applicable):	<b>Email/Fax:</b>	
<b>Address:</b>	<b>City/State:</b>	<b>Zip:</b>

**MOTOR VEHICLE ACCIDENT REPORT** (fill out information below to the best of your ability):

<b>Date of Accident:</b>	<b>Time:</b>
<b>Location:</b>	<b>Report #</b> (if known):
<b>Operator #1:</b>	<b>License Plate #:</b>
<b>Operator #2:</b>	<b>License Plate #:</b>

**INCIDENT/ARREST REPORT\*** (fill out information below to the best of your ability):

<b>Date of Incident:</b>	<b>Time:</b>
<b>Location:</b>	<b>Report #</b> (if known):
<b>Description of Incident/Arrest:</b>	

\* Not all reports can be released. A response will be provided, within 10 business days, on the status of your request or if an exemption requires the report to be withheld due to M.G.L. c. 4 § 7(26)(a-u). The requester may be required to apply for CORI to obtain a report requested.

The Information provided above is correct to the best of my ability. I understand that the Palmer Police Department is not obligated to refund any fees and that some information may be withheld due to Records Laws.

**Signature of Requesting Party**

**Date**

\*\*\*\*Internal Use Only\*\*\*\*

Request Call #:	Report #:	<input type="checkbox"/> Report Provided	<input type="checkbox"/> Denied (Letter Sent)
Employee Receiving Request:	Date:	Time:	
Employee Responding to Request:	Date:	Time:	
Employee Providing Report:	Date:	Time:	
Delivery Method Requested:	<input type="checkbox"/> Will Pick up	<input type="checkbox"/> Mail	<input type="checkbox"/> Email <input type="checkbox"/> Fax
FEES: Report Fee: _____	Amount Paid: _____	<input type="checkbox"/> CASH	<input type="checkbox"/> Check # _____