

Hardwick Police Department

Also Serving New Braintree P.O. BOX 575 Gilbertville, MA 01031 413-477-6708

fax: 413-477-6723

Request for Police Records

Requested by:				
Address:		City:		
State: Zip:	Phone #	Date requ	ested:	
Email address:				
Type of Record Reques	ted:			
Date(s) of incident:		Time of inc	eident:	
Description of Incident:				
You will be contacted when	your request has been		have been prepared. All requests shall red upon. Open investigations may not	
Accident reports (For p	oreparing & mailing)	.05¢ per pa	age (Plus Postage if mailed).	
Furnishing any public	record in hand:			
	ncurred prior to compl	ying with a public records	plicable copying, search time & request where the total cost is	
It is requested that fee's be p Hardwick. Cash will be acco			order, made payable to the Town of subject to a \$25.00 fee.	
SignaturePerson requesting report			Date	
Person req		TITE BELOW THIS POI		
Request Received:	Fee Paid:	Report OK by:	Reports Printed:	
Sent/Email Request:	or Picked	<i>Up:</i>		