

Easton Police Department
46 Lothrop St.
North Easton, MA 02356
Tel: (508)-230-3322
Fax: (508)-230-8632

Form 99-01

REQUEST FOR PUBLIC RECORDS

This form is to be completed for requests for Public Records under the control of the Easton Police Department. This form will be forwarded to the Records Division for processing. If the record exists it should be ready to be picked up within one week. Mass General Law Ch. 66 S10 governs release of public records. No reports will be released until full payment has been made. The amount of fees charged for public records is set forth in MGL 66/10a.

Today's Date: _____ Is this an Accident Report? _____

Your information:

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: Work _____ Home _____

Describe the report (or records) you are requesting:

Date(s) of incident: _____ Location _____

SUBJECT INVOLVED IN INCIDENT:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____