



**TOWN OF STURBRIDGE
POLICE DEPARTMENT**
Office of the Chief of Police
EARL J. DESSERT

346 Main Street, Sturbridge, MA 01566
Office (508) 347-2525 · Fax (508) 347-7904
www.sturbridge.gov/police



PUBLIC RECORDS REQUEST FORM

It is the goal of the Records Division of the Sturbridge Police Department to provide the public with access to all information defined as public by law or regulation, while maintaining the confidentiality of information exempted from release. So that we may fully comply with all laws and regulations.

Records request will be ready within ten (10) business days of your request.

Please check one:

Motor Vehicle Crash Report

Incident/Arrest Report

Other types of records Explanation of Other: _____

Date Requested: _____

Principal Party Last Name	First Name	Date/Time of Incident
Location of Incident		

In order that we may get this information to you please complete the following.....

Your Last Name	First Name	Phone #
Address	City/Town	State & Zip

RECORDS DIVISION USE ONLY - DO NOT WRITE BELOW THIS LINE

Case #	Completed On:	Completed by:
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RESPONSE TO THE REQUEST:

- COMPLIED WITH THE REQUEST (The records were provided either in a redacted or un-redacted format)
- DENIED THE REQUEST
- OBTAINED AN EXTENSION OF TIME
- PROVIDED THE REQUESTER WITH A REASONABLE FEE ESTIMATE
- SUGGESTED A REASONABLE MODIFICATION OF THE SCOPE OF THE REQUEST

Method of Delivery: Dispatch Mailed Emailed

IF ANY FEES, DENIAL, PETITIONS OR APPEALS - RECORDS DIVISION PLEASE COMPLETE THE BACK

The Mission of the Sturbridge Police Department is to work in partnership with the Community to protect life and property, solve neighborhood problems, and enhance the quality of life in our town.

FOR DEPARTMENT USE ONLY

FEES:

WERE ANY FEES CHARGED IN CONNECTION WITH THIS REQUEST: YES NO

IF YES, ANSWER THE FOLLOWING:

TOTAL FEE CHARGED: \$ _____

ESTIMATE PROVIDED? YES NO

PAYMENT RECEIVED: YES NO

ITEMIZATION OF FEE CHARGED (check all that apply):

Copy Costs: \$ _____

Search and Segregation Time: \$ _____ Hours Required to Fulfill Request: _____

Lowest Paid Employee Capable: _____ Hourly Rate: _____

Cost of Medium: \$ _____

PETITIONS (check all that apply):

EXTENSION OF TIME Date Filed: ____ / ____ / ____ Supervisor Response: ____ / ____ / ____
Time Requested: _____ days Time Granted: _____ days

S&S TIME FEES Date Filed: ____ / ____ / ____ Supervisor Response: ____ / ____ / ____
Fee Requested: \$ _____ Fee Granted: \$ _____

HR RATE INCREASE Date Filed: ____ / ____ / ____ Supervisor Response: ____ / ____ / ____
Rate Requested: \$ _____ Rate Granted \$ _____

APPEALS (check all that apply):

SUPERVISOR OF PUBLIC RECORDS Date Filled: _____ Supervisor Response: ____ / ____ / ____
Result: _____
Date to Comply with Order: ____ / ____ / ____

SUPERIOR COURT Date Filled: ____ / ____ / ____
Final Adjudication: ____ / ____ / ____
Result: _____