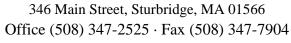


## TOWN OF STURBRIDGE POLICE DEPARTMENT

Office of the Chief of Police

## EARL J. DESSERT



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:									
			Date Requ	uested:					
Motor Vehicle Crash Report									
Incident/Arrest Report									
Other types of records Explanation	on of Other:								
Principal Party Last Name	First Name		Date/Time of Incident						
Location of Incident									
In order that we may get this in	formation	to you please comple	ete the follo	wing					
Your Last Name	First Name		Phone #						
Address		City/Town	•	State & Zip					
RECORDS DIVISION US	SE ONLY -	DO NOT WRITE BEL	OW THIS LI	INE					
Case #	Completed O	in:	Completed by:						
	Completed Cili								
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 R	REASONABLE	FEE ESTIMATE							
SUGGESTED A REASONABLE MODIFIC	ATION OF TH	HE SCOPE OF THE REQUE	EST						
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 CON		H THIS R	EQUEST	r: [	YES	☐ NO		
TOTAL FEE CHARGED: \$ _		_						
ESTIMATE PROVIDED?  PAYMENT RECEIVED:	YES YES		NO NO					
ITEMIZATION OF FEE CHAR	GED (check all	I that appl	y):					
Copy Costs: \$  Search and Segregation			ı	Hours Do	quired to Fulf	ill Poguest:		
Lowest Paid Employee Capable:	<u></u>						•	
Cost of Medium: \$						Tloully Nate.		
Cost of Wicdiam.		_						
PETITIONS (check all that apply):								
T EVENICTION OF TIME	Data Filad	,	,		Cum a muia a	. Doon and a	1	1
EXTENSTION OF TIME	Date Filed:					r Response:		
	Time Reques	stea:		_days	rime Grai	nted:		_ days
S&S TIME FEES	Date Filed:	/	/	_	Superviso	r Response: _	/	/
	Fee Reques	ted: \$		_	Fee Gran	ted: \$		
HR RATE INCREASE	Date Filed: _	/	/	_	Superviso	r Response: _	/	/
	Rate Reques	sted: \$		_	Rate Grar	nted \$		
APPEALS (check all that apply):	_					_		
SUPERVISOR OF PUBLIC RE	ECORDS	Date Fille	d:		_ Superviso	r Response:	/	
		Result: _						
		Date to 0	Comply w	vith Orde	r:	_//		
SUPERIOR COURT		Date Fille	ed:/	/ /				
		Final Ad	judicatior	n:	/	/		
		Result:						