**PUBLIC RECORD REQUEST**

It is the goal of the Blackstone Police Department to provide the public with access to information defined as public by law or regulation while maintaining the confidentiality of information exempted from release. So that we may fully comply with the laws and regulations. Record requested will be emailed, mailed, faxed or available for pickup within ten (10) days of the request after approval of release is confirmed by the public records officer.

FEES: All fees must be paid by cash, check or money order payable to the Town of Blackstone

FEE SCHEDULE: Email, Fax: no charge. Printed pages 0.05 cents per page

LOG, INCIDENT, ACCIDENT or ARREST INFORMATION

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_DATE OF CALL: \_\_\_\_\_\_\_\_\_\_\_\_\_TIME:\_\_\_\_\_\_\_\_

TYPE OF CALL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE CALL OCCURRED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTING PARTY INFORMATION

NAME (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS(optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER (optional but helpful in the event the call cannot be located):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE (check off option): EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_\_ MAIL: \_\_\_\_\_\_ PICKUP: \_\_\_\_\_\_

*\*\*EMAIL IS THE PREFERED OPTION\*\**

(Department Use Only)

Date received: \_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_ Call Number: \_\_\_\_\_\_\_\_\_\_\_\_

Reason Unable to Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_