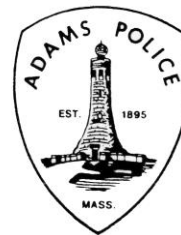




ADAMS POLICE DEPARTMENT

4 SCHOOL STREET
ADAMS, MASSACHUSETTS 01220
TEL. (413) 743-1212
FAX. (413) 743-8362



K. Scott Kelley
Chief of Police

Records Request

This is a request under Massachusetts Public Records Law (M.G.L. Chapter 66 Section 10). I am requesting that I be provided a copy of the following records;

ACCIDENT REPORT _____

Date of Occurrence: ____/____/____

INCIDENT REPORT _____

Name of Insured: _____

DAILY LOG _____

Date of Birth: ____/____/____

CRIMINAL REPORT _____

Location of Loss: _____

Additional Information: _____

I recognize that you may charge reasonable cost for copies, as well as for personnel time needed to comply with this request. If you expect cost to exceed \$10.00, please provide a detailed fee estimate.

The Public Records Law requires you to provide me with a written response within 10 calendar days. If you can not comply with my request, you are statutorily required to provide an explanation in writing.

Name: _____ Date: _____

PRINT ONLY

Contact Information:

Address: _____

Phone Number: _____

If records are requested to be sent by email or facsimile please provide:

Email: _____

Facsimile: _____