



East Brookfield Police Department

122 Connie Mack Drive P.O. Box 32 East Brookfield, Ma 01515
Phone: 508-867-6130 Fax: 508-867-4172

REPORT REQUEST

Accident ____ Incident ____ Video ____ Other ____

Report Fees:

1. Accident exchange form (no redaction or segregation) Free
2. Single accident report (includes reproduction, search) **\$5.00**
3. Single incident report (includes reproduction, search, and redaction) **\$5.00**
4. Video **\$25.00** (Restrictions Apply)

Payment: Payment must be in the form of **money order or cashier's check**.
Payments must be received in order for your request to be processed.
Personal checks are not accepted.

Processing: The Massachusetts Public Records Law and the Freedom of Information Act stipulates that the East Brookfield Police Department respond within 10 days from the receipt of the request for records.

PLEASE PRINT CLEARLY AND LEGIBLY

Date of request: _____

Date(s) of incident: _____

Location of incident: _____

Involved name: _____

Requesting party's name: _____

Requesting party's address: _____

Requesting party's email address: _____

Requesting party's phone number: _____

The information requested will be processed within 10 business days.