Wilbraham Police Department
REPORT REQUEST FORM

FEES: Reports may be charged at $.05 per page. For more extensive requests, other fees may apply.

To request a report, please fill out the form below. Forms may be submitted in person, by mail, facsimile or email. All requests will receive a RESPONSE within (10) business days.

Name:	**Phone:**	
Company (if applicable):	**Email/Fax:**	
Address:	**City/State:**	**Zip:**

Report Delivery Method Requested: ___Will Pick up ___Mail ___Email ___Fax

____ **MOTOR VEHICLE ACCIDENT REPORT** (fill out information below to the best of your ability):

Date of Accident:	**Time:**
Location:	**Report #** (if known):
Operator:	**License Plate #**

____**INCIDENT/ARREST REPORT***(fill out information below to the best of your ability):

Name on Report:	
Date of Incident/Arrest:	**Time:**
Location:	**Report #** (if known):
Description of Incident/Arrest:	

*Not all reports can be released. A response will be provided, within 10 business days, on the status of your request or if an exemption requires the report to be withheld due to M.G.L. c. 4 § 7(26)(a-u).

The information provided above is correct to the best of my ability. I understand that the Wilbraham Police Department is not obligated to refund any fees and that some information may be withheld due to Records Laws.

_____

Signature of Requesting Party **Print Name** **Date**

****Internal Use Only****			
Request Call #:	Report #:	___Report Provided	___Denied (Letter Sent)
Employee Receiving Request:		Date:	Time:
Employee Responding to Request:		Date:	Time:
Employee Providing Report:		Date:	Time:
FEES: Report Fee: _____	Amount Paid: _____	___Check #_____	___Money Order