



**FREETOWN POLICE DEPARTMENT**  
**15 Memorial Drive, P.O. Box 518, East Freetown, MA 02717**  
**Bus: 508-763-4017 Fax: 508-763-4010**



## **PUBLIC RECORDS REQUEST**

The police department will comply with a request by providing an un-redacted copy, a redacted copy, a denial, or an extension of time or clarification of the request, within 10 business days.

In order that we may provide you with the record you requested, please complete the following:

### **REQUESTOR**

Date of this request:	
Your name (requestor):	
Your address:	
Your telephone number:	Your email address:

### **RECORD REQUESTED**

Name(s) of persons involved:
Date and time of incident or date and time reported:
Type of incident:

### **Department Use Only**

Request initially received by: _____
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