



BOLTON POLICE DEPARTMENT
15 WATTAQUADOCK HILL ROAD
BOLTON, MASSACHUSETTS 01740

Warren E. Nelson, Jr.
Chief of Police

Phone: 978-779-2276
Fax: 978-779-6079

REQUEST FOR POLICE REPORT

Date of Request: _____
Name of Requester: _____

Email Address: _____
Daytime Phone #: _____

Accident Report

\$.05 per page
Electronic submission – no charge
Search and Segregation Fees if Applicable
Postage Costs if Applicable

Date of Accident: _____
Location: _____
Name(s) of involved parties: _____

Incident Report

\$.05 per page
Electronic submission – no charge
Search and Segregation Fees if Applicable
Postage Costs if Applicable

Date of Incident: _____
Location of Incident: _____

Citation Copy

\$.05 per page
Electronic submission – no charge
Search and Segregation Fees if Applicable
Postage Costs if Applicable

Date of Citation: _____
Name of Individual Cited: _____
Driver's License Number or Social Security
Number: _____

Other/Be Specific

\$.05 per page
Electronic submission – no charge
Search and Segregation Fees if Applicable
Postage Costs if Applicable

*No Cash**Checks are made payment to Town of Bolton Police Department*

Received By: _____ Date: _____

Report Request Forms should be forwarded to the Records Access Officer.

Received by RAO: _____ Date: _____

1/1/2017

BOLTON POLICE DEPARTMENT PUBLIC RECORD REQUEST LOG

DATE REQUEST RECEIVED	NATURE OF REQUEST
FORM OF REQUEST (check one):	
<input type="checkbox"/> IN-PERSON ORAL <input type="checkbox"/> IN-PERSON WRITTEN <input type="checkbox"/> VIA POSTAL MAIL <input type="checkbox"/> VIA ELECTRONIC MAIL	
RESPONSE TO THE REQUEST:	
INITIAL RESPONSE DUE: ____/____/____ INITIAL RESPONSE PROVIDED: ____/____/____ RESPONSE (check all that apply): <input type="checkbox"/> COMPLIED WITH THE REQUEST (the records were provided either in a redacted or un-redacted format) <input type="checkbox"/> DENIED THE REQUEST <input type="checkbox"/> OBTAINED AN EXTENSION OF TIME <input type="checkbox"/> SUGGESTED A REASONABLE MODIFICATION OF THE SCOPE OF THE REQUEST <input type="checkbox"/> PROVIDED THE REQUESTER WITH A REASONABLE FEE ESTIMATE	
RECORDS PROVIDED: ____/____/____	
FEES:	
WERE ANY FEES CHARGED IN CONNECTION WITH THIS REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, ANSWER THE FOLLOWING: TOTAL FEE CHARGED: \$_____ ESTIMATE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO ITEMIZATION OF FEE CHARGED (check all that apply): <input type="checkbox"/> Copy Costs: \$_____ <input type="checkbox"/> Search and Segregation Time: \$_____ Hours Required to Fulfill Request: _____ Lowest Paid Employee Capable: _____ Hourly Rate: _____ <input type="checkbox"/> Cost of Medium: \$_____	
PETITIONS (check all that apply):	
<input type="checkbox"/> EXTENSION OF TIME	Date Filed: ____/____/____ Supervisor Response: ____/____/____ Time Requested: _____ days Time Granted: _____ days
<input type="checkbox"/> S&S TIME FEES	Date Filed: ____/____/____ Supervisor Response: ____/____/____ Fee Requested: \$_____ Fee Granted: \$_____
<input type="checkbox"/> HR RATE INCREASE	Date Filed: ____/____/____ Supervisor Response: ____/____/____ Rate Requested: \$_____ Rate Granted: \$_____
APPEALS (check all that apply):	

<input type="checkbox"/> SUPERVISOR OF PUBLIC RECORDS	Date Filed: ____/____/____	Supervisor Response: ____/____/____
	Result:	
	Date to Comply with Order: ____/____/____	
<input type="checkbox"/> SUPERIOR COURT	Date Filed: ____/____/____	Final Adjudication: ____/____/____
	Result:	