



WATERTOWN POLICE DEPARTMENT

Bureau of Administrative Services



552 Main Street , Watertown, MA. 02472
Records: (617) 972-6527 Fax: (617) 600-1381

REQUEST FOR AN INCIDENT REPORT

Please print neatly

REQUESTING PARTY

Today's Date : _____

Name : _____

Telephone number(s) where you can be reached : _____

Address : _____

Your involvement in the incident (victim, suspect, reporting person) : _____

Okay to Photocopy ID or Driver's License : Yes _____ No _____

How would you like the results? (see notes below) ___mailed ___will pick up ___e-mail _____

INCIDENT INQUIRY

Full Name of individual(s) involved in incident : _____

Date of Birth : _____ Social Security Number : _____ Driver's License Number : _____

Incident Report Number (if known) : _____

Date of the incident : _____ Time of the incident : _____

Type of incident : _____

Address of the incident : _____

Signature : _____ Date : _____

NOTE : Release of any record is subject to the provisions and allowable fees of the Public Records Laws. All estimated fees to be paid by Bank Check payable to the Town of Watertown. (no personal checks allowed, estimated fees may apply in advance) If payment has not been received within ten days, we will close this request without any action. TIME requirements: Generally notification is made within 10 business days of the date of the request. You will be notified when the results are ready to be picked up or mailed upon prior agreement. Results will be held at the records desk for 10 days after the date they are completed for agreed upon station pickup.

For your convenience, please do not come to the station for the results until you have been notified.