

**CAMBRIDGE POLICE DEPARTMENT  
PUBLIC RECORD REQUEST**

***PLEASE PRINT – CLEARLY and COMPLETELY***

\_\_\_\_\_  
Name of Person or Institution Making Request

\_\_\_\_\_  
Address:      Apt. # (if any)                      City                      State                      Zip Code

\_\_\_\_\_  
Today's Date              Home/Office Phone #              Mobile Phone #              E-Mail Address

Public Record Requested:

Incident Report               Arrest Report               Motor Vehicle Crash Report

If Other, please specify:

Case Number of Incident (If known) \_\_\_\_\_

Date and Time of Incident (Make your best estimate) \_\_\_\_\_

Location of Incident \_\_\_\_\_

Name(s) of Person(s) and/or Institution Directly Involved in Incident:

Requester       Other, Please Provide Name(s) \_\_\_\_\_

Comments: Please provide any other information that may be helpful in locating the records and processing you request:

**Important:**

***M.G.L. c. 66 §10(a) and 950 C.M.R. 32.06 allow certain fees to be charged. Please pay by cash, check, or money order. Efforts will be made to comply with your request within ten days. The personal information you provided above will solely be used to notify you when the records are ready. You may refuse to provide your personal information, and your refusal does not affect your right to the requested records.***

PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY



Request Received by \_\_\_\_\_ Request Processed by \_\_\_\_\_ Date \_\_\_\_\_  
Record: Picked Up \_\_\_ Mailed \_\_\_ Other \_\_\_\_\_ Fee Charged \$ \_\_\_\_\_ Form of Payment \_\_\_\_\_  
Comments \_\_\_\_\_