



**SALEM STATE
UNIVERSITY**

Salem State University Police Department ▪ 71 Loring Ave. Salem, MA 01970 ▪
(978) 542-6111 ▪ www.salemstate.edu/police

REQUEST FOR COPIES OF POLICE REPORTS

Name: _____

Date Requested: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Record Requested

Name: _____ Date of Birth: _____

Date of Incident: _____ Time of Incident: _____

Case Number: _____ CAD #: _____

Location of Incident: _____

Type of Incident (Accident, Theft, Loss, Vandalism): _____

Additional information to assist in records retrieval:

NOTE: This form is to be filled out for all requests to receive copies of police reports from the Salem State University Police Department. Please leave a working phone number and e-mail.

Requests may take up to 10 days for processing. All copies will be sent via email in a PDF document unless other arrangements are requested.

This side to be filled out by Records Access Officer ONLY

PUBLIC RECORD REQUEST LOG

DATE REQUEST RECEIVED	NATURE OF REQUEST
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FORM OF REQUEST (check one):

IN-PERSON ORAL IN-PERSON WRITTEN VIA POSTAL MAIL VIA ELECTRONIC MAIL

RESPONSE TO THE REQUEST:

INITIAL RESPONSE DUE: ____/____/____ INITIAL RESPONSE PROVIDED: ____/____/____

RESPONSE (check all that apply):

- COMPLIED WITH THE REQUEST (the records were provided either in a redacted or un-redacted format)
- DENIED THE REQUEST
- OBTAINED AN EXTENSION OF TIME
- SUGGESTED A REASONABLE MODIFICATION OF THE SCOPE OF THE REQUEST
- PROVIDED THE REQUESTER WITH A REASONABLE FEE ESTIMATE

RECORDS PROVIDED: ____/____/____

FEES:

WERE ANY FEES CHARGED IN CONNECTION WITH THIS REQUEST? YES NO

IF YES, ANSWER THE FOLLOWING:

TOTAL FEE CHARGED: \$ _____

ESTIMATE PROVIDED? YES NO

PAYMENT RECEIVED? YES NO

ITEMIZATION OF FEE CHARGED (check all that apply):

- Copy Costs: \$ _____
- Search and Segregation Time: \$ _____ Hours Required to Fulfill Request: _____
 Lowest Paid Employee Capable: _____ Hourly Rate: _____
- 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):

- SUPERVISOR OF PUBLIC RECORDS Date Filed: ____/____/____ Supervisor Response: ____/____/____
 Result:
 Date to Comply with Order: ____/____/____
- SUPERIOR COURT Date Filed: ____/____/____ Final Adjudication: ____/____/____

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