



OTIS POLICE DEPARTMENT

1 North Main Rd Otis MA 01253

Phone: (413) 269-0100 ext. 2

Fax: (413) 269-0112

E-Mail: policesergeant@townofotisma.com

Public Record Request Form

(Accident or Incidents occurring in Otis, MA)

PHOTO ID MAY BE REQUIRED FOR RELEASE OF RECORDS

Date: _____

Requester Name: _____

Address (Mailing or E-Mail): _____

Telephone Number: _____

Address of Accident/Incident: _____

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

Date/Time of Incident: _____

Name(s) of Person(s) Involved in Incident: _____

If Accident, Name of Vehicle Operator: _____

Investigating Officer Name (If Known): _____

A response to the records request will be made within 10 business days, following receipt of the request. Requests can be e-mailed, mailed, faxed, or picked up/dropped off at The Otis Police Department. Please provide a telephone number in case more information is needed in order to complete this request.

Signature of Requester: _____

Records requests may be denied, or records produced may be redacted for personal privacy, CORI, investigatory, public safety or other exemptions.

Accident reports are also available from the RMV <http://www.mass.gov/rmv>.

Massachusetts CORI requests: CHSB (617)-660-4640 <http://www.mass.gov/chsb>.

For Department Use Only:

Date Processed/Denied _____ Incident# _____ Fee Charged _____

Officer Initials _____