

PUBLIC RECORD REQUEST FORM

PHOTO ID MAY BR REQUIRED FOR RELEASE OF RECORD

Date: _____

Name: _____

Address: _____

Or Business/Company Name/Address: _____

Date of Birth: _____

Contact Phone Number: _____

Address of Incident: _____

Type of Incident: _____

Date / Time of Incident: _____

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

Investigating Officer Name (If Known): _____

Summary of Request: _____

Signature of Requestor: _____

Please fax to: 978-772-2050 **email to:** acamaro@nvrdd.us or **mail to:** NVRECC / PO Box 2171 / Devens, MA 01434
If any questions, please contact 978-772-1998 to speak to the Executive Director.

For Department Use Only

Date Processed/Denied: _____ IMC #: _____ Initials: _____