



# Seekonk Fire Department

Town of Seekonk  
500 Taunton Avenue  
Seekonk, MA 02771

Shaun M. Whalen  
Fire Chief

Telephone (508) 336-8510  
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## Public Records Request (M.G.L. c. 66, §10)

Massachusetts law allows **ten (10) days** to fulfill such request. Responses may indicate further time is necessary, additional information is required, or an estimate of fees required to fulfill the request, as examples. (Under G. L. c. 4, § 7(26)(c) the release of personnel and medical files or information is exempt under the MA Public Records Law)

### **\*\*REPORTS WILL BE SENT ELECTRONICALLY VIA EMAIL OR FAX NUMBER PROVIDED\*\***

IF EMAIL/FAX ARE NOT AVAILABLE, REPORTS WILL BE SENT TO MAILING ADDRESS PROVIDED  
BELOW.

Date of Request: \_\_\_\_\_ Report Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Name of Requestor \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State and Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date and time of Incident \_\_\_\_\_

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

Name of Person (Insured) Involved \_\_\_\_\_

Reason for Request \_\_\_\_\_

Signature \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE DEPARTMENT USE ONLY

Report Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Response Date: \_\_\_\_\_

Fees (if any): \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_