



Seekonk Police Department

Town of Seekonk

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Seekonk, Massachusetts 02771

Chief of Police
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PUBLIC RECORDS REQUEST

ALL REQUESTS WILL BE RESPONDED TO WITHIN TEN (10) DAYS AFTER RECEIPT OF REQUEST. RESPONSES MAY INDICATE FURTHER TIME IS NECESSARY, ADDITIONAL INFORMATION IS REQUIRED, OR AN ESTIMATE OF FEES REQUIRED TO FULFILL THE REQUEST, AS EXAMPLES.

****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: _____ CASE NUMBER: _____ - _____ - _____

REPORT(S) WILL BE SENT TO:

*EMAIL ADDRESS: _____

*FAXNUMBER: _____

NAME OF REQUESTOR: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

TYPE OF REPORT REQUESTED: _____

NAME(S) OF SUBJECT INVOLVED: _____

DATE/TIME OF OCCURRENCE: _____

LOCATION OF OCCURRENCE: _____

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DO NOT WRITE BELOW LINE
DEPARTMENT USE ONLY

RECEIVED BY: _____ DATE: _____

RESPONSE: _____ DATE: _____

FEES: _____ PAID: _____ DATE: _____

THE SEEKONK POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER