



ID# _____

CITY OF SACO FREEDOM OF ACCESS ACT REQUEST FORM

Date: _____

Requestor's Full Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Under the Maine Freedom of Access Act, I would like to review and/or copy all available files for the following (please be as detailed as possible): *******ARREST REPORTS – NOT AVAILABLE*******

Date of Incident: _____

Case # (If Available) _____

Location Street Name: _____

Name on Report (If other than yourself) _____

Other Details:

Preferred Delivery Format (Please circle): Pick up Mail Email

An appropriate fee for copying/research may be required. You will be provided a cost estimate for large reports prior to any work being performed.

Advanced Minimum Non-Refundable \$5.00 payment required

All Reports 1-5 pages	\$5.00
6-15 pages	\$10.00
16 + Pages	\$20.00

Signature: _____

Return to:

Saco Police Department, 20 Storer Street, Saco, ME 04072

For Office Use Only:

Request received: Staff Member: _____

Date: _____ Time: _____