

# SACO POLICE DEPARTMENT

## REQUEST FOR INFORMATION

PLEASE COMPLETE THE FOLLOWING FORM WHEN REQUESTING COPIES OF MOTOR VEHICLE COLLISIONS OR POLICE INCIDENT REPORTS. EITHER SUBMIT THIS REQUEST TO DISPATCH OR MAIL TO RECORDS DIVISION FOR CONSIDERATION. THE STATUS/COPY OF YOUR REQUEST WILL BE AVAILABLE WITHIN FIVE BUSINESS DAYS UPON RECEIPT. **REQUESTS FOR REPORTS CONTAINING INVESTIGATORY AND OTHER CONFIDENTIAL INFORMATION PROTECTED BY LAW WILL NOT BE HONORED.**

\* \* \* \* \*

**ALL INFORMATION MUST BE PROVIDED FOR CONSIDERATION OF REQUEST**

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Your Name \_\_\_\_\_ TELEPHONE # (Day) \_\_\_\_\_

CIRCLE TYPE OF REPORT: M/V COLLISION - INCIDENT

**\*ARREST REPORTS- NOT AVAILABLE\***

DATE OF COLLISION/INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

CASE # (IF AVAILABLE) \_\_\_\_\_

LOCATION STREET NAME \_\_\_\_\_

**NAME ON REPORT** (IF OTHER THAN YOURSELF): \_\_\_\_\_

\* \* \* \* \*

**ADVANCED MINIMUM NON-REFUNDABLE \$5.00 PAYMENT REQUIRED**  
**ADDITIONAL PAYMENTS FOR LARGER REPORTS MUST BE MADE PRIOR TO RELEASE**

ALL REPORTS: 1-5 Pages \$ 5.00  
6-15 Pages \$ 10.00  
16 + Pages \$ 20.00

Reconstructed Collision Reports additional \$20.00

**PLEASE CHECK ONE OF THE FOLLOWING:**

I WILL PICK UP REPORT AT POLICE STATION.

Please mail to following:

NAME: \_\_\_\_\_

STREET/PO BOX: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_