



**CITY OF SACO
FREEDOM OF ACCESS
INFORMATION 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 AVAVAILABLE*******

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 prior to any work being performed.

Advanced Minimum Non-Refundable \$10.00 Payment Required

All Reports 1-5 Pages	\$ 10.00
6-15 Pages	\$ 15.00
16 + Pages	\$ 25.00
Reconstruction Reports	\$100.00

Signature: _____

Return to:

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

For Office Use Only:

Request received: Staff Member: _____
Date: _____ Time: _____