



OFFICE USE ONLY

Date Received: _____

Received By: _____

Approved By: _____

Denied By: _____

PUBLIC RECORDS REQUEST FORM

The Cohasset Police Department will provide the public access to all records requested in accordance with public records law. Fees may be accessed and are charged in accordance with state guideline. Please be advised that some records are exempt from public viewing.

To better facilitate your request please provide us with the following information:

Name of Party Involved: _____
Last / First / Middle

Location of Incident: _____
Number / Street / Apartment

City / State / Zip Code

Type of Incident: _____
Describe Incident

Date & Time of Incident: _____
MM / DD / YYYY AM / PM

Specific Information being sought: _____

To enable us to respond to your request within (10) days please provide us with some contact information:

Your Name (optional): _____
Last / First / Middle

Your Address (optional): _____
Number / Street / Apartment

City / State / Zip Code

Telephone/Email: _____
Home Telephone / Cellular Telephone / Email Address