



Templeton Police Department

33 South Road • Templeton, Massachusetts 01468

Phone 978-939-5638 • Fax 978-939-2042

Record Request Form

The department will process all requests in the order that they are received and may take up to ten business days. Please provide any information that will help us collect the information for your request. The number listed on this form will be used to notify you that your request is ready for pickup. Any records that are not picked up after 30 days could be subject to disposal.

Date: _____

Person making request: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Email Address: _____@_____ ☐ Email my report

Type of records requested:

Incident (if known put number): _____ Log entry _____

Other (please explain): _____

Date of report: _____

Address or approximate location: _____

Person(s) involved if known: _____

Signature: _____

Any questions please call 978-939-5638 or email ebaker@templetonma.gov or dhall@templetonma.gov

Office use only: ID completing request: _____

Date received: _____ Date completed: _____ Approved/Denied (circle one)

If denied brief exemption explanation: _____ Contacted on: _____

Dispatcher releasing report: _____