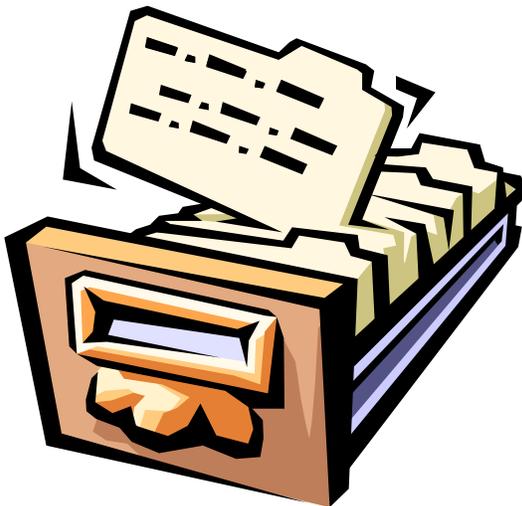


**North Andover Police Department
1475 Osgood Street
North Andover, Massachusetts 01845
978-683-3168**

ACQUIRING PUBLIC RECORDS

Getting Records You Need!

The Records Department of the North Andover Police Department provides copies of official records to the public. These may be requested in person during our normal business hours Monday through Friday from 8:00AM to 4:00PM. You may print the public records request form and mail or bring it to us.



Please take the time to check information availability at state.ma.us/sec.htm

PRIVACY STATEMENT: We will use the information you give us to comply with your public records request. Your request itself is a public record and may

be released under the provisions of the Massachusetts Public Records Act. We will not release this information in any other way.

Reports waiting court dates are NOT available. The public must obtain these reports through the District Attorney's Office located Lawrence District Court, Lawrence, Ma. 978-683-4570.

If you have further questions please email records@napd.us

Public Records Request Form

(Print out and mail or bring to station)

It is the goal of the Records Department to provide the public with access information defined as public by law or regulation, while maintaining the confidentiality of information exempted from release. So that we may fully comply with all laws and regulations, records requested will be mailed within the next business day of your request, unless records are not yet completed. Written estimates will be mailed within ten days when the estimated cost to provide those records exceeds \$10.00.

Please note that prior to 1997 records were not computerized and in order to retrieve a report, you must know the name, date or the approximate date.

In order that we may find the information you seek, please fill out the following:

(PLEASE PRINT)

Name of any party

Involved: _____

Report Number: _____
(If known)

Type of Incident: _____

_____ **(Records must be described with reasonable specificity)**

Date and time occurred or Reported: _____

In order that we may get this information to you, please fill out the following:

(PLEASE PRINT)

Name: _____

Address: _____

Home telephone Number: _____ **Work telephone Number** _____

Email Address _____

Fees:

Motor Vehicle Accident reports - \$5.00 for up to six pages. \$.50 per page thereafter.

All other reports - \$1.00 per page.

Other types of records – Actual cost to copy.

Arrest reports will not be released to an individual.

Complex requests will be charged for time spent searching and segregating non-public material. Our current rate for such labor is \$12.38 per hour.

-
- I would like to review/inspect the record/s.
 - I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs up to \$_____. I further understand that the Records Department will contact me if the estimated costs are greater than the amount I have specified, and that the Records Department will not respond to a request for copies if I have not authorized adequate costs.
 - Please provide a self-address, stamped envelope with you request.

If applicable, check one of the following and attach necessary documentation.

- I request records that I believe to be public that are classified otherwise. (*Photo ID required*).
- I am the subject of the records.
- I am the person who submitted the record.
- I am requesting expedited response to benefit the public rather than a person. (*Attached information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication*).
- I am otherwise authorized access. (C.O.R.I. certified Law Enforcement Court approved).

Signature _____ **Date** _____

-----**For Records Department use only**-----

Date receive: _____ Case#: _____

Date mailed: _____ Search time: _____

Segregation time: _____

Reviewed by: _____ Total cost: _____