



# West Brookfield Police Department

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## Incident Report Request Form

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Incident Type: \_\_\_\_\_

Incident # (if available): \_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Names of Subject(s) Involved: \_\_\_\_\_

\_\_\_\_\_

Report requests are processed as expeditiously as possible and are administered within 7-10 business days.

Most requests that are not overly burdensome are free of charge as recommended by the Supervisor of Records. When a request is overly burdensome a good faith quote will be provided in accordance to the fee schedule established by the Supervisor of Records.

I would like the request:  Emailed    Confirm Email: \_\_\_\_\_

Paper form

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Report #: \_\_\_\_\_ Date Processed: \_\_\_\_\_