



CITY OF PITTSFIELD
POLICE DEPARTMENT

RECORDS BUREAU 39 ALLEN STREET, PITTSFIELD, MA 01201
(413) 448-9711 fax: (413) 496-9848

Public Record Request Form
(Accident or Incidents occurring in Pittsfield, MA)
PHOTO ID MAY BE REQUIRED FOR RELEASE OF RECORDS

Date: _____

Requester Name: _____

Address (Mailing or E-Mail): _____

Telephone Number: _____

Address of Accident/Incident: _____

Type of Incident (Accident, Theft, Loss, Vandalism): _____

Date/Time of Incident: _____

Name(s) of Person(s) Involved in Incident: _____

If Accident, Name of Vehicle Operator: _____

Investigating Officer Name (If Known): _____

How would you like to receive the record (check one): Pick Up ___ E-Mail ___ Mail ___ Fax ___

A response to the records request will be made within 10 business days, following receipt of the request. Requests can be e-mailed, mailed, faxed, or picked up/dropped off at The Pittsfield Police Department. Please provide a telephone number in case more information is needed in order to complete this request.

Signature of Requester: _____

Records requests may be denied, or records produced may be redacted for personal privacy, CORI, investigatory, public safety or other exemptions.

You may appeal a denial to Supervisor of Records at (617)-727-2832.

Accident reports are also available from the RMV <http://www.mass.gov/rmv>.

Massachusetts CORI requests: CHSB (617)-660-4640 <http://www.mass.gov/chsb>.

For Department Use Only:

Date Processed/Denied _____ Incident# _____ Fee Charged _____

Clerk Initials _____