LEXINGTON POLICE DEPARTMENT REQUEST FOR REPORT

<u>NOTE</u>: Release of any record is subject to the provisions of the Public Records Laws.

Today's Date:	Incident Date:
Requested By (print name	e):
Incident Report	
	then report is picked up at the police station. Ius a stamped self addressed envelope if mailed.
Accident Report **	*Operator crash report MUST accompany this request if not already on file with this department. Have you filed your operator's crash report?
	Case # if known:
	Operator(s) name:
	Location(street name):
	when report is picked up at the police station. pages) and stamped self addressed envelope when mailed.
For your convenience, pl	ease call before coming to the station to be sure the report is ready.
Generally reports are av Copies will be held for or	ailable within 10 days. ne month after the request date.
	rts is defined in Chapter 477 of the Acts of 1982 for the Commonwealth of Massachusetts. M.G.L. 66:1 the authority to establish fees and other regulations to administer public record law.
For Police Use Only:	AMOUNT DUE:
ID# taking request:	Your request has been denied: $\Big\{ { m O} $ On going criminal case
ID# releasing report:	O Exempt-Privacy Clause O Investigation material