

**TOWN OF SOMERSET
POLICE DEPARTMENT
465 COUNTY STREET
SOMERSET, MASSACHUSETTS 02726**

REPORT REQUEST (M.G.L. C 66, S10)

Massachusetts Law allows ten (10) days to fill such request. All reports will be processed as quickly as possible.
You will be notified by telephone of any problems in processing your request.

Fees: Reports picked up at the station ----- \$.50 per page
Reports mailed: Motor Vehicle Accident Reports ----- \$5.00 (up to 6 pages)
Each additional page ----- \$.50
Incident Reports ----- \$1.00 per page

Payment must accompany request - DO NOT MAIL CASH

Checks/Money Orders must be made payable to TOWN OF SOMERSET

DATE OF REQUEST: _____ CASE/ACCIDENT NUMBER: _____

ADDRESS REPORT IS TO BE MAILED TO:

YOUR NAME: _____

(Person/company/agent making the request)

STREET: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

TELEPHONE: _____

RELATION TO PERSON INVOLVED: _____

(Self / Parent / Client / None / Etc.)

TYPE OF REPORT REQUESTED: _____

NAME OF PERSON(S) INVOLVED: _____

DATE & TIME OF OCCURRENCE: _____

LOCATION OF OCCURRENCE: _____

DEPARTMENT USE ONLY

Report #: _____ - _____ - _____ Fees: \$ _____ Check/M.O.#: _____

Mailed: _____ By: _____

(Date)

Questions should be directed to the Somerset Police Department at 508-679-2138.