

# CITY OF ANDOVER ANDOVER POLICE DEPARTMENT

*Public Service Excellence thru Compassion, Integrity & Commitment*

## REQUEST FOR REPORT COPY

*(Request Must Be Made In Writing, If Not Made Using This Form)  
(To be completed by Requestor. Fields in **Bold** are required Fields.)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**Copies Sought:** Please provide as specific a description as possible of the record(s) sought. Include case number, date, location, parties involved, if applicable.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I certify that I have the right of access to the records. I do not and will not (a) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resided at any address(es) listed, or (b) sell, give or otherwise make available to any person any list of names or addresses contained in, or derived from, the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person who resided at any address(es) listed.

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

*(To be completed by Records)*

Identifications verified by: \_\_\_\_\_ Officer #: \_\_\_\_\_

ID Checked:

Personal Recognition: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Other Photo ID: \_\_\_\_\_

What: \_\_\_\_\_

Charges: A charge for providing copies of public records is authorized by state law and has been established by the Andover Police Department. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. There is a fee of \$10.00 per report requested, which must be paid prior to receiving copy(s). Additional photocopy charges and research time may be applied.

The charge to you for the copy(s) of the records you request is: \$ \_\_\_\_\_

Time of Request: Date \_\_\_\_\_ Time \_\_\_\_\_

Copy Provided: Date \_\_\_\_\_ Time \_\_\_\_\_

Communications Officer providing copy(s): \_\_\_\_\_

YOUR COPY OF THIS FORM IS YOUR RECEIPT

Michael A. Keller, Chief of Police