TOWN OF BEDFORD
BEDFORD, MASSACHUSETTS 01730

POLICE DEPARTMENT
Robert Bongiorno, Chief of Police

2 Mudge Way
Bedford, MA 01730-2136
Phone 781-275-1212
Fax 781-275-8336

Public Records Request for a Police Report

Date of Request: _____

Requestor Name: _____   Tel. Number: _____

Requestor Address: _____City: _____ State: _____   Zip: _____

Requested Report Information *(please complete as much as possible)*: Date of Report/Incident: _____

Type of Incident: _____   Name of Involved Party: _____

Incident Number(s): _____

Public Records Request Process Checklist *(For Department Use Only)* -------- *Delivered by:* _____ *Date:* _____ *Time:* _____

_____   Receive request from requestor;
_____   Date stamp the request;

Immediately:
_____   Add the request to the Electronic Log on Records (Shared Folder);
_____   Print the record(s);
_____   Put the printed records and checklist in Lt. Graham's Public Records Request In-Basket outside his office;
              (Alternates, in order, are Marc Saucier, Lt. Jones or Chief Bongiorno only if Lt. Graham is on vacation.)
_____   Add to Location Log Book;
_____   Once the checklist is returned with record, make a copy of the documents for the requestor;
_____   Immediately contact the requestor by phone, email or any other method of contact they left
              with the request. How contacted: _____ Date: _____ Time: _____
              Message: "Your request is ready; if you have any questions, please call Aline Read from 9:00 AM to 12:30 PM"
_____   Immediately complete the Electronic Log.
_____   File the original redacted report with the completed checklist.

NOTES:
- If a **911 call is requested** make a copy of this checklist and give the request to Sgt. Undzis; (Sgt. L'Heureux would be the alternate)
- If a **Video is requested** make a copy of this checklist and give the request to Sgt. L'Heureux; (Marc Saucier would be the alternate)
- If the request is **only for a 911 call or a video** copies of this checklist would not be needed.

Records Time (Minutes):   _____

Report Redaction (Minutes):   _____

Audio Create/Redact (Minutes): _____

Video Create/Redact (Minutes): _____

Total Time Needed (Minutes):   _____

Completed Date: _____ Time: _____

If additional Description of Information is needed, please use the back of this form   *Form SUP-001*