

**TOWN OF BERKLEY
POLICE DEPARTMENT
3 NORTH MAIN STREET
BERKLEY, MASSACHUSETTS 02779**

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: Motor Vehicle Accident Reports ----- \$5.00
Incident Reports ----- \$1.00 per page

A self addressed stamped envelope must be provided by requester if report is to be mailed.

*Payment must accompany request - DO NOT MAIL CASH
Checks/Money Orders must be made payable to TOWN OF BERKLEY
By Law fees are waived for victims of Sex Crimes and Domestic Violence*

DATE OF REQUEST: CASE/ACCIDENT NUMBER:

ADDRESS REPORT IS TO BE MAILED TO:

YOUR NAME: _____

STREET: _____

CITY/TOWN: _____

STATE: _____ ZIP: _____

TELEPHONE: _____

RELATION TO PERSON INVOLVED: _____

TYPE OF REPORT REQUESTED: _____

NAME OF PERSON(S) INVOLVED: _____

DATE & TIME OF OCCURRENCE: _____

LOCATION OF OCCURRENCE: _____

DEPARTMENT USE ONLY

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

Request received by _____ Copy of License Attached Y N

Mailed: _____ By: _____

Questions should be directed to the Berkley Police Department at 508-822-7040.