



Welcome to
North Berwick
MAINE

North Berwick Police Department

REQUEST FOR PUBLIC RECORDS

Please Print Clearly in Black Ink Only

While you are not required to provide us with your name or contact information when making a request for records, the Town is allowed five (5) working days by law to evaluate your request and either grant or deny it. Your decision to volunteer your name and contact information will allow us to reach you when your request is processed.

Name of Requestor:		Phone Number:
Address:		E-Mail:
Town:	State:	Zip Code:
If you can not identify a specific record(s), clearly explain the type of records you are seeking:		
Date or Timeframe of the record(s) being requested:		
Please identify what subject the record(s) should contain:		
Medium requested which is subject to fees in Appendix C/Code Book and 1 M.R.S.A. § 408 (3) (B): <input type="checkbox"/> Paper Copy <input type="checkbox"/> Printed Report <input type="checkbox"/> Mailing Labels <input type="checkbox"/> Electronic PDF File <input type="checkbox"/> By CD <input type="checkbox"/> By Email		
Arrangement for Payment: <input type="checkbox"/> Personal/Business Check <input type="checkbox"/> Certified/Bank Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash		
If no such record exists which contains this information, you may want to refine your request or explain to the Researcher exactly what information you hope to learn from the record(s) in order to define your request to find a record(s) that meets the exact request.		
Inspection by Appointment: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates & Times Available:
Signature: _____ Date: _____		

FOR OFFICE USE ONLY

<input type="checkbox"/> Date filed with Public Access Officer _____	<input type="checkbox"/> Time spent retrieving, compiling, or redacting information for request was over 2 hours. # of hours after the 2nd hour _____ x \$25.00 per hour
<input type="checkbox"/> Copy of Request to City Manager	
<input type="checkbox"/> CONFIDENTIAL documents, require C.M. Approval Signature: _____	<i>\$0.10 Copy fee per page</i>
<input type="checkbox"/> Request forwarded to _____ on _____	Fees Assessed: _____
<input type="checkbox"/> Date Notified Info. Ready _____	Materials Rec'd By: _____
	Date Materials Picked Up: _____