



Brian P. Gill
Chief of Police

AYER POLICE DEPARTMENT

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Jennifer D. Bigelow
Deputy Chief of Police

Request for Police Reports*

I, _____, of _____
Name Mailing Address

would like to request a copy of a police report or reports relative to an incident that occurred on

_____ at
Date and Time of Incident: Can be a range of dates and times.

Location of Incident-Street Address or landmark

Type of Report Requested: Please check those that apply:

Accident: ____ Incident: ____ Arrest: ____ Other: _____

Email Address

Contact Phone Number

Signature

Date

NOTICE OF FEES: Storage Device: Actual cost of device.
Search and Segregation fee may be applied.

* Completion of this form is not required in order to make a public records request. Not doing so may increase your wait time and the fee based processing time.

FOR ADMINISTRATIVE USE ONLY

Date Request Received _____ Date Picked Up _____

Reports Involved _____

Fee Accessed _____ Fee Paid _____