



Essex Police Department

24 Martin Street
Essex, MA 01929
(978) 768-6628
Peter G. Silva
Chief of Police



REQUEST FOR COPIES OF POLICE REPORTS

This form is to be filled out for all requests to receive copies of police reports from the Essex Police Department. No reports will be released until payment has been made in full. **Please note that no copy or copies of accident reports will be released until all parties involved in the accident have filed their own report and have notified their insurance company pursuant to M.G.L. Chapter 90 Section 26.**

INSURANCE COMPANIES REQUESTING ACCIDENT REPORTS:

Copies of accident reports are \$5.00 for the first six (6) pages. Additional pages are \$.50 per page. Submit this completed form with a self-addressed envelope including the appropriate fee and the copy will be prepared and mailed to you. This is usually done within five (5) days of the receipt of the form.

POLICE REPORTS:

All Police reports picked up at the station are \$.50 per one (1) sided page. All Reports being mailed are \$1.00 per one (1) sided page. Submit the completed form to the department with the appropriate fee and report can be picked up by appointment within five (5) business days from receipt of the request.

*****SPECIAL DOCUMENTS REQUIRE AN ESTIMATE*****

********Only a check or money order made payable to The Town of Essex will be accepted********

1. DATE OF REQUEST _____ WILL THE REPORT BE MAILED OR PICKED UP?

2. WHAT TYPE OF REPORT ARE YOU REQUESTING? _____

3. DATE AND TIME OF INCIDENT: _____ LOCATION: _____

4. REQUESTER(S) INFORMATION:

LAST NAME: _____ FIRST: _____
ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
TELEPHONE #: _____

5. SUBJECT(S) INVOLVED IN INCIDENT:

LAST NAME: _____ FIRST: _____
ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____

DEPARTMENT USE ONLY

FEE PAID \$ _____ DATE: _____ RECEIVED BY: _____
REQUEST APPROVED _____ DENIED _____ COMPLETED BY: _____

**** All Documents must be paid in full prior to their release.****