



CITY OF GARDNER POLICE DEPARTMENT

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PUBLIC RECORD REQUEST FORM

PHOTO ID MAY BE REQUIRED FOR RELEASE OF RECORDS

Date: _____

Name: _____

Address: _____

Or

Business or Company Name/Address: _____

Social Security #: _____ **Date of Birth:** _____

Phone #: _____ **Email:** _____

Address of Event/Incident: _____

Type of Incident: _____

Date/Time of Incident: _____

Name(s) of Person(s) Involved in Incident: _____

If Accident, Name of Vehicle Operator: _____

Investigating Officer Name (If Known): _____

Cost: **\$.05 per page for a copy of Crime, Incident or Accident Report**
Additional Fees may be applied if the search of records includes the Archives

The required fee must be paid when you pick up your copy; Cash or Money Order (Made Payable to The Gardner Police Department-Records). Allow up to ten (10) working days for processing.

Signature of Requester

For Department Use Only

Date Processed/Denied _____ **Incident#** _____ **Fee Charged** _____

Clerk Initials _____

Comments _____