

REPORT REQUESTS
(NOT MOTOR VEHICLE ACCIDENTS)

Please complete the following form when requesting copies of Police Incident/Offense Reports (OF's) Either submit this request to our Dispatch Center or mail it to our Records Division for consideration. The status of, or copy of your request will be available within five (5) business days from date of receipt by us, which is allowed by law. **REQUESTS FOR REPORTS CONTAINING INVESTIGATORY AND OTHER CONFIDENTIAL INFORMATION PROTECTED BY LAW WILL NOT BE HONORED.** See the Maine Freedom of Access laws on the web or contact an attorney.

PLEASE PRINT CLEARLY

Today's Date: _____ Daytime Tel #: _____
Your Name: _____

CIRCLE TYPE OF REPORT: INCIDENT DISPATCH LOG

Date of Incident: _____ Time: _____
Case # IF KNOWN _____ Location / Street # _____
Name on Report (if other than yourself) _____
Other Info about Incident: _____

****** NO ARREST REPORTS (AR'S) ARE AVAILABLE BY THIS METHOD - IF YOU ARE THE ARRESTEE, YOU WILL RECEIVE YOUR REPORT IN COURT ON ARRAIGNMENT DAY. IF YOU WOULD LIKE CLOSED CRIMINAL CASE DATA, USE THE PHONE ON THE DESK AND DIAL x1365; OR YOU MAY CALL THE STATE BUREAU OF IDENTIFICATION RECORDS DIVISION AT 624-7240.***

**** FEES: VARY ON TYPE OF REPORT AND NUMBER OF PAGES, BUT NOT TO EXCEED \$20.00 /EA. FEE IS DUE AND PAYABLE WHEN YOU PICK UP YOUR REPORT. IF YOU WOULD LIKE THE REPORT MAILED TO YOU, PLEASE INDICATE BELOW; HOWEVER, BE REMINDED THAT IF WE ADVISE YOU THAT THE REPORT WILL BE MADE AVAILABLE TO YOU AND WHAT THE FEE WILL BE, YOU MUST REMIT THE FEE BEFORE WE WILL RELEASE THE REPORT. ****

PLEASE CHECK ONE OF THE FOLLOWING:

___ **I WILL PICK UP REPORT AT POLICE STATION**
___ **PLEASE MAIL TO THE FOLLOWING:**

Name: _____
Street / Box # _____
City / State / Zip _____

Kennebunk Police Dept., Att: Records Div., 4 Summer St., Kennebunk ME 04043