



CITY OF BATH
POLICE DEPARTMENT

ANDREW M. BOOTH
CHIEF of POLICE
MICHELLE D. SMALL
DEPUTY CHIEF

250 Water Street

Bath, Maine 04530

(207) 443-5563

RECORDS REQUEST FORM

Date of Request: \_\_\_\_\_

1. Description of Records Requested:

Please list the name of the document(s), incident number (if known), the type of document(s), date of or date range of requested document(s), name(s) of involved person(s), and any other information that will identify the record. Be as detailed as possible.

Four horizontal lines for providing details of the records requested.

2. Your Contact Information:

Please provide your contact information and a daytime telephone number where you may be reached. We may have questions concerning your request or need to notify you of an estimated time and cost requirement to complete the request.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred delivery method: \_\_\_\_\_ Pick up \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax

Note: Not all records are public records or available for release. The Freedom of Access Law designates some records as confidential. Examples of confidential records are: Medical records, juvenile records, an assortment of non-conviction data, intelligence and investigative information, and others (see M.R.S. Title 1, Chapter 13 §402 and M.R.S. Title 16, chapter 7). If records are denied or information redacted, the reason(s) will be listed below. Fees may apply, see below fee schedule. We will inform you prior to release if fees exceed \$50, if fees exceed \$100, we require payment prior to release of records (See M.R.S Title 1 §408 and §409). We will notify you within 5 business days to acknowledge receipt of this request and discuss clarifying details and/or estimated fees. This form and associated laws were updated in March of 2024

Below section for official use only

Date of Request Received: \_\_\_\_\_ by: \_\_\_\_\_ Record Request Incident # \_\_\_\_\_

Date Acknowledged: \_\_\_\_\_ by: \_\_\_\_\_

Date Processed: \_\_\_\_\_ by: \_\_\_\_\_

Request Denied: YES or NO If YES, see attached document for the reason for denial.

Requested Records and associated fees:

Accident Report (\$10.00 per report)
Incident Report (\$0.10 per page)
Digital copies (\$5.00 per compact disk (CD))
Compilation Fee (2 hours free, then \$25 per hour after)
Postage Fee \$ \_\_\_\_\_

Total Fee \$ \_\_\_\_\_

Fee received \_\_\_\_\_ Method: CASH CREDIT CHECK

Date \_\_\_\_\_ By \_\_\_\_\_

Administration/Records 443-8339
Criminal Investigations 443-8367
Fax 443-8343
Emergency 911