

Williamsburg Police Department

16 South Main Street
Haydenville, MA 01039

Phone(413) 268-7237

Fax: (413) 268-8411

RECORD REQUEST

Requester: _____

Telephone #: _____

Date/Time Requested: _____

Record Requested:

Name: _____ Soc. Security #: _____

Case # (if known): _____ Call #: _____

Date and Time of Incident: _____

Location of incident: _____

Type of Incident (Accident, Theft, Loss, Vandalism): _____

Additional information to assist in records retrieval:

\$5.00 paid _____

NOTE: To obtain an accident report for an insurance claim, you must contact your insurance company and have them request the report in writing along with a check for \$5.00 payable to the Town Of Williamsburg. Address: P.O. Box 172, Haydenville MA 01039. All requests for copies of records must be approved by the court officer. You will be contacted when you can pick up a report.