



SANDWICH POLICE DEPARTMENT

117 Route 6A, Sandwich, MA 02563

Peter N. Wack, *Chief of Police*

REQUEST FOR POLICE REPORT

Date of Request: _____

Name: _____ Telephone #: _____

Mailing Address: _____

Date of Incident: _____ Case#: _____

Type of Incident: _____

Additional information which may help locate the report:

Reason for Request: _____

Please mail report to above address

I will pick up report

E-Mail to: _____

(Check must be received prior to sending reports)

Please complete the above information and mail this form to the Sandwich Police Department at the above address, attention "Records". Your request must also include a self-addressed, stamped, envelope, and a check/money order made out to the Town of Sandwich in the amount of **\$5.00. (CASH NOT ACCEPTED)**

We do not fax reports. Walk-in & report pickups only on Tue., Wed., & Fri., between 2:00 to 4:00 p.m.

Signature of person requesting report

ALLOW UP TO 10 DAYS FOR REPORT